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Boulder Behaviorist

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Vol. 1 No. 32

Boulder River School and Hospital
Boulder, Montana 59632

December 19, 1973

NEW TRENDS AT BRS&H

OUT 29 1974

In conjunction with the appointment of Keith McCarty as the permanent Superintendent at Boulder River School and Hospital, several existing problems can now be dealt with more definitively. Certain changes are now underway which bear upon these problems.

On Tuesday, December 4, 232 residents were transferred among cottages. This change facilitated the resident evacuation of Cottage 7, recently denounced publically as a "pesthole with urine soaked beds." Notorious for being the worst living area on the grounds, the cottage is also structurally unsound and would require major renovation to be habitable. Also scheduled for evacuation in the future are Cottages 1, 2, 4, 5 and 9. In the meantime, however, they will be repainted.

The resident transfers also involved separating men and women's living arrangements in all but three buildings, these structures being the only ones that lend themselves easily to integration (e.g. separate bathrooms).

Gerald F. Butcher, former Superintendent of Eastmont Training Center in Glandive, has been hired as Assistant Superintendent. He brings to the job a solid reputation for being a well respected and effective administrator. Among his varied duties, Mr. Butcher will be involved in community relations, personnel recruitment and will supervise the areas of housekeeping, laundry and the physical plant.

Plans are also being made to make the attendant's job more manageable. One step toward this goal will be to provide a closer relationship between the administration and attendant personnel. Accordingly, either Mr. McCarty or Mr.

Butcher will visit every cottage each day. Personnel screening will also become more thorough because it is generally felt that the consequences of hiring poor employees are worse than those of temporarily running an understaffed cottage.

Some major changes in the organizational structure of the administration have already occurred. Janice Frisch has been named Bureau Chief of Social and Behavioral Services, formerly called Paramedical Services. In this capacity, she will supervise the areas of education, recreation, speech, psychology, Title I, social services and research.

Tom Dolan is the Supervisor of Personnel Services, a new section which combines the areas of Personnel-Payroll, Inservice Training, Safety and Security and Volunteer Services. As part of this consolidation, the Inservice Training facilities have been moved to the administration building to facilitate a smooth continuum of the hiring and training process.

Doug Booker is the Hospital Administrator and Chief of the Bureau of Administrative Services. In addition, Food Service is now part of Nursing Services.

TEAMWORK RESULTS IN SURPRISING TRAINING EFFECTIVENESS

by Jan Mackay, BMT

R.M., a resident from Cottage 9, has been in five behavior modification programs in the past, all of which were dropped due to lack of success. At least one of these previous programs was a feeding program conducted for

Keith McCarty, Superintendent
Gerald F. Butcher, Assistant Superintendent
Larry Kerzenmacher, Production

Richard Swenson, Ph.D., Director, Title I
Barbara Holum, Editor

eight months by a behavior modification trainer for two meals a day, five days a week. It too was a failure.

Five months ago, R.M. was still being fed by an attendant at every meal. At this time, Tom Kilmer, A.C. I, began a basic feeding program with the resident. The feeding program began with complete physical guidance for each response.

Tom conducted this program on his own from July to October with little recognition from anyone. In October, I took a baseline of R.M.'s feeding and found that he had graduated three steps in the feeding program. However, R.M. still needed prompting for every bite taken. We revised the feeding program to include a very gradual scale for fading out the required prompts. Tom displayed an interest in continuing the program and agreed to take data on it. We decided that intensive training (19 meals a week) should be initiated immediately, involving the efforts of Tom, myself and BMT Anne Powers.

One month after intensive training, R.M. is now feeding himself independently for nearly the entire meal, something which many said "couldn't be done." The resident's food stealing behavior, which was observed at every meal during baseline, has dropped to zero since November 7. Geraldine Boe, A.C. III, observed that R.M. seems to be happier and much more compliant.

Due to the teamwork between an Attendant Counselor I and the Behavior Modification department, R.M. has progressed rapidly and successfully. Communication between trainers has been effective and data has been taken consistently by each person involved. In addition, each trainer has observed the others doing the program in order to insure that training procedures are consistent.

The results of this program imply that success can be achieved when Attendant Counselors and Behavior Modification trainers work together toward program graduation, a goal difficult to achieve when working alone.

PROGRAM PROCEDURES MANUAL IS AVAILABLE

The Program Procedures Manual is now available in a limited quantity. The manual is 80 pages long and outlines training programs and data procedures on all of the major self-help skills. It also contains a glossary of basic terms used in behavior modification, background information on the use of behavior modification techniques, helpful tips in carrying out programs, and some guidelines in eliminating mealtime problem behaviors. The manual has been developed over the last two or three years as a result of direct training of retarded people by Title I staff and as a result of efforts to train Attendant Counselors in behavior modification techniques. Most of the programs have been used successfully many times; however, a few are comparatively new and have not undergone much revision. The manual is intended for use as a tool by anyone interested in training mentally retarded people, especially the severely and profoundly retarded. In about two months, a revised and somewhat enlarged third edition will be available in greater quantity. Anyone interested in obtaining a Program Procedures Manual should contact Ron Langworthy.

SAC HAS 41 STEP GRADUATIONS IN TWO WEEKS

In the two weeks from November 21 to December 5, 13 residents in the Skill Acquisition Cottage graduated a total of 41 steps. Eighteen of the step graduations were in toothbrushing, 5 were in hand and face washing, 5 in zipping, 5 in bathing, with the rest in buttoning, table setting, dressing, folding, bedmaking and shoe tying. In addition, E. W. graduated from his present dressing (socks) program.

Unit Supervisor Kathy Byrne reports that as of December 6, formal training is suspended for several hours every Thursday afternoon to allow a special activity period for the children. Last Thursday the time was spent on a special trip to see Santa Claus.



Activities planned for future Thursdays include making cards, doing shopping and going ice skating. It is hoped that these varied experiences will contribute to speech and language development as well as allow informal training in situations (e.g. supermarkets) not normally encountered.

COTTAGE LIFE HAS 14 STEP GRADUATIONS

In the same period, residents in the Cottage Life program graduated 14 steps. Of these, 12 were in dressing. In addition, R.M. of Cottage 9 graduated from his feeding program.

RAPID TOILET TRAINING NEWS

by Tom Seekins

The Cottage Life Rapid Toilet Training program now has its first candidate, C.C., on the maintenance phase and is proceeding with baselines on the eight remaining incontinent residents of Cottage 14. Excitement and anticipation abound as the staff looks forward to the elimination of toileting duties.

TWO FROM BRS&H VISIT BRAINERD

On December 10, Kathy Byrne and Margaret Douglas, both BMSs, visited Brainerd State Hospital in Brainerd, Minnesota to observe the implementation of its behavior modification program. While there, they toured the Minnesota Learning Center, a special unit of Brainerd State Hospital, and the Mental Retardation division of the state hospital. They spoke with various staff members involved with program design, program implementation, and community coordination. They also observed academic and crafts programs in progress, classroom situations, a special downtown facility for clients closest to placement, and many of the physical facilities.

The in-depth exposure to another state hospital was a valuable experience, according to Ms. Byrne and Douglas. For one thing, it made them realize that institutions share common problems--e.g., how to reinforce the staff, coordinating home programs with training at the center, and finding good community placements.

SWENSON ATTENDS NATIONAL AABT MEETING

Richard P. Swenson, Ph.D., attended the national convention of the Association for Advancement of Behavior Therapy in Miami, Florida December 7-9. Dr. Swenson is President of the Montana branch of AABT. While at the convention he met with Dr. Alan Kazdin, who is national AABT Branch Coordinator. Dr. Kazdin said that the parent organization wants to do more for the individual branches, both in terms of finances and expertise on various organizational matters. One possibility might be for the national organization to subsidize the cost of bringing in prominent people to speak.

PROGRAM CRITERIA ARE REDEFINED

For the past six weeks, training programs by Attendant Counselors as reported by Unit Supervisors for publication in The Boulder Behaviorist have been loosely defined. Now, in an attempt to shape more consistent and systematic training, programs must meet the following criteria to qualify for publication:

- 1- have a target behavior
- 2- have data
- 3- be done 5 days a week.

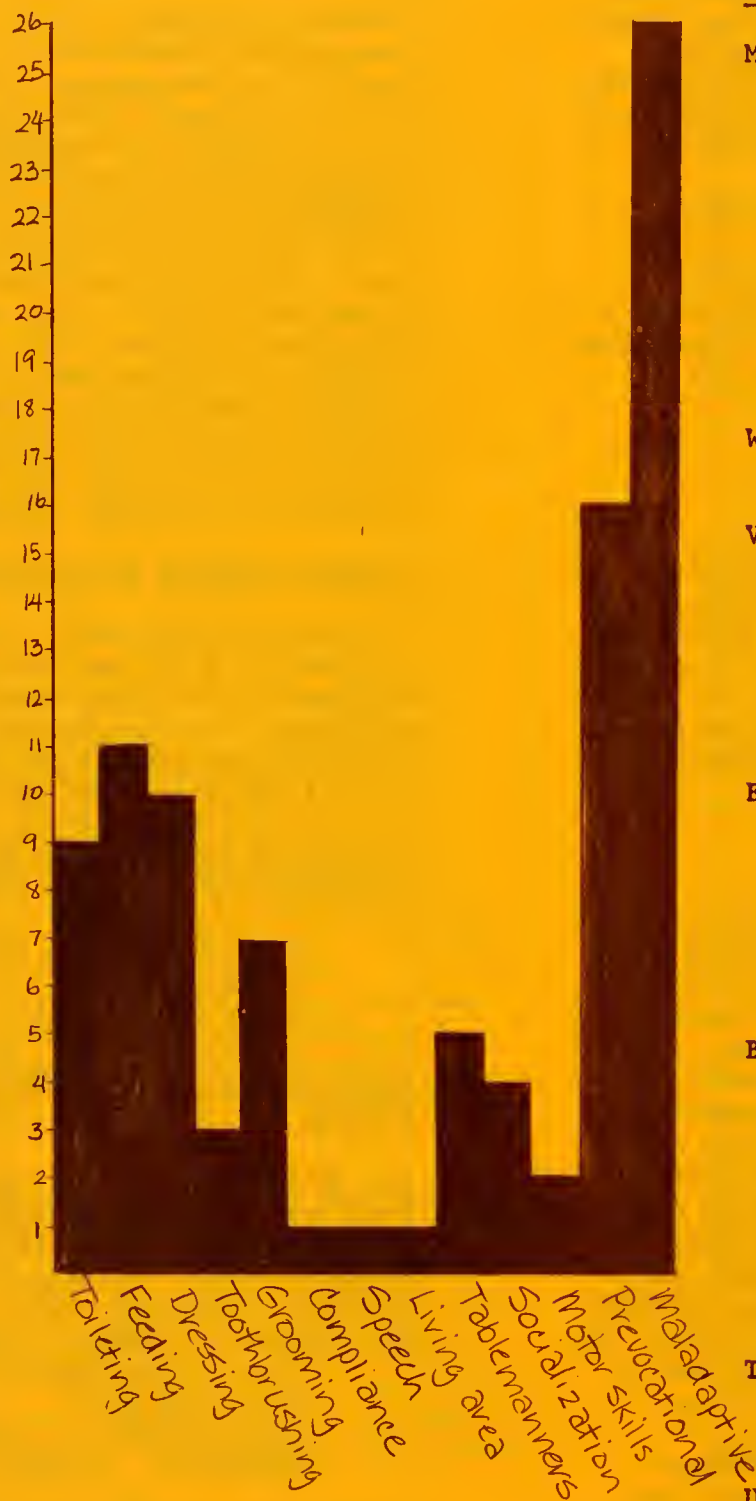
BE-MOD WORKSHOP TO BE HELD IN ATLANTA

The Third Annual Atlanta Behavior Modification Workshop/Intensive Practicum Workshop will be held at the Regency Hyatt in Atlanta, Georgia, February 27 through March 2, 1974. For further information contact:

Joan F. Bassinger, M. D.
P. O. Box 597
Libertyville, Il. 60048
Telephone: (312)-367-0606

TRAINING BY ATTENDANT COUNSELORS

The following figures represent by number and type the training programs done by ACs in each unit during the weeks of November 16 - 29:

UNIT INo. of
ProgramsTrainers:

Mary Ann Dale, C-1
 (2 toileting
 4 feeding
 6 dressing
 3 grooming
 1 compliance
 5 prevocational
 2 socialization
 3 table manners
 2 motor skills
 13 maladaptive)

Wendy McCrea, C-1
 (2 maladaptive)

Viva Schwab, C-1
 (4 toileting
 3 feeding
 1 toothbrushing
 1 maladaptive
 5 prevocational
 1 socialization)

Ed Shone, C-1
 (2 toothbrushing
 2 grooming
 1 socialization
 1 living area
 6 prevocational
 2 maladaptive)

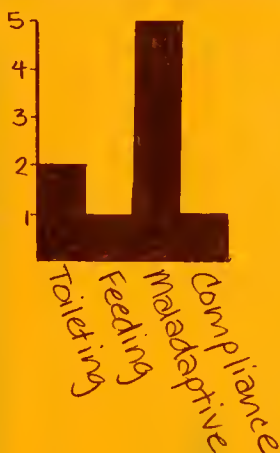
Bev Stoner, C-1
 (3 toileting
 4 dressing
 4 feeding
 1 prevocational
 1 speech
 2 table manners
 2 grooming
 8 maladaptive)

Total programs: 97

Unit Supervisor: M. L. O Hara

Type of Program

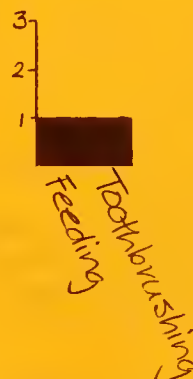
* Note: Programs run in Cottage 12 are presently being documented and will be reported in the next issue.

UNIT IINo. of
ProgramsType of Program

Trainers:

Myrtle Hungerford, C-13
(1 toileting)Russell Jerome, C-6
(1 maladaptive)Linda McGarry, C-6
(3 maladaptive)Helen Munson, C-6
(1 toileting)Alice Sheehan, C-6
(1 maladaptive)Grace Stombough, C-6
(1 feeding
1 compliance)

Total programs: 9

Unit Supervisor:
Al GlasserUNIT IIINo. of
ProgramsType of ProgramTrainer: Tom Kilmer
(1 feeding
1 toothbrushing)

Total Programs: 2

Unit Supervisor: Bob Fleege

UNIT IVNo. of
ProgramsType of Program

Total programs: 10

Unit Supervisor:
Dave AndersonTrainers: Renee Decker, C-5
(1 maladaptive)Alma Demers, C-4
(2 prevocational)Norma Johnson, C-4
(1 toothbrushing)Harold Patrick, C-4
(1 maladaptive)Ray Rashleigh, C-5
(1 maladaptive)Kathy Sokoloski, C-5
(3 dressing)Karen Wheeler, C-4
(1 feeding)UNIT VNo. of
ProgramsType of program

UNIT V - cont.

Trainers:

Alex Cameron, C-14
 (3 feeding
 1 dressing - glasses
 10 social interaction
 3 prevocational
 2 maladaptive)

Mrs. Christianson, C-14
 (3 feeding)

Lorraine Downing, C-9
 (1 living area
 1 maladaptive)

Jerri James, C-9
 (1 living area)

Dorothy Magee, C-14
 (10 social interactions)

Jim McMahan, C-14
 (3 feeding
 10 social interactions
 1 maladaptive)

Adeline Vossler, C-14
 (3 feeding
 1 dressing - glasses
 3 prevocational)

*Most of the represented programs in Unit V are implemented by combinations of the above trainers.

Total programs: 22

Unit Supervisor:
 Dick Sonsteng

UNIT VIINo. of Programs

Trainers:

Mary McMahan, C-15
 (1 dressing
 2 washing
 8 table manners)

Margaret Olson, C-15
 (1 toileting
 8 table manners)

Georgia Rogers, C-15
 (3 toileting
 4 feeding
 1 dressing
 2 toothbrushing
 1 washing
 1 speech)

Pam Sheets, C-15
 (2 toileting
 4 feeding
 8 table manners
 1 shoe lacing
 1 speech)

Carol Wade, C-15
 (8 feeding
 1 speech
 1 maladaptive)



Type of Program

UNIT VI

None reported.

Unit Supervisor:
 Dan Wooley

Total programs: 58

Unit Supervisor: Kathy Byrne

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November 27, 1973

"RAPID" TOILET TRAINING IN COTTAGE 1

A special toilet training program has been going on for 9 days in Cottage 1. The procedure, based on Foxx and Azrin's Toilet Training with the Retarded, involves 7 hours of training a day for 5 days a week with C.C. The trainee is a 17 year old woman with a history of occasional toileting accidents. Her toileting baseline over 6 days' time indicated she had 4 accidents and 2 self-initiations.

The data since the program's initiation indicate that C.C. has independently approached the toilet 6 times, has urinated in the toilet 24 times and has had 8 toileting accidents.

The program, intended to be a demonstration project, has had a number of complications. It was learned recently that one of the other residents in the cottage has been specializing C.C. on the toilet. This discovery casts suspicion on the program's data and perhaps invalidates baseline information. Another problem encountered has been C.C.'s reluctance to drink liquids, an integral part of the program. Finally, the toilet device that buzzes when eliminations occur in the toilet has operated unreliably at times during the training.

Trainers Jan Mackay and Tom Seekins have been encouraged, however, by the night watch's report that C.C. broke precedent last week by getting out of bed at 2:15 a.m. to self-initiate on the toilet.

COTTAGE LIFE PROGRAM OF THE WEEK by Margaret Douglas, BMS

During a one-month baseline, G.L. of Cottage 7 did not go to work once. She

ran away from the cottage four times. After four weeks of training we are delighted to report that she has gone to work and remained the entire shift 20 days out of 20. In addition, she has not run away from the cottage once during this one month training period.

G.L. is reinforced once at the end of each week for meeting the program's requirements. This reinforcement consists of an escorted trip downtown, during which G.L. may choose how she wants to spend the \$2.00 she earned. Of the total \$8.00 she has earned in the past month G.L. has spent about \$3.00 on food and bowling and the remaining \$5.00 on a birthday gift for her sister.

Congratulations to BMT Jan Mackay for designing a program with a 100% success rate (so far!).

MONTANA AABT ELECTS OFFICERS

The Montana branch of the Association for Advancement of Behavior Therapy elected the following people to offices: President - Richard Swenson; President Elect - Marion Thompson; Secretary - Barbara Holum; Treasurer - Tom Dolan.

The topic of last Wednesday's meeting was the ethics and efficacy of using behavior modification to treat sexual deviancy. The next meeting will be on Thursday, November 29 at which time Dr. Leo Hamerlynck of the University of Calgary will give a presentation.

FEEDING PROGRAM WORKS WONDERS

For as long as most can remember, R.E. in Cottage 7 has been fed by others since he would not hold or dip a spoon himself. After only four weeks of training, R.E. is now eating most of his meals independently. Attendant Counselor III Kent Elliott has

been doing the training for two meals each day. The technique he is using is to gradually fade his physical assistance by moving from R.E.'s hand on up the arm to the shoulder and eventually eliminating all prompts. The most prompting Mr. Elliott employs at present is to lay his hand on R.E.'s elbow. He is using lots of social reinforcement along with pieces of bread, which R.E. loves.

BMT Jan Mackay brought this program to our attention because Mr. Elliott is doing such a fine program and experiencing remarkable success.

BEEP HAS 34 STEP GRADUATIONS IN 2 WEEKS

Residents who are participating in the Boulder Environmental Enrichment Program graduated a total of 34 steps in the first two weeks of training. Twelve of the graduations were in table-setting, eight were in shoe-lacing, and the others were in money-handling, zipping, buttoning, snapping, hair-combing, bed-making and time-telling. Furthermore, three residents graduated from programs: S.M. of Cottage 13 graduated in hair-combing, D.N. of Cottage 1 in zipping and A.G. of Cottage 4 in snapping.

IMPRESSIONS OF COTTAGE 15

by Carol Wade, AC III

With the recent move from Cottage 11 to Cottage 15 and the decrease in patient population, I can see a considerable amount of improvement in the self-help skills and social behavior of our residents. This has been prompted by more intensive training by the Behavior Modification staff and Nursing Services personnel.

The Nursing Services personnel have become more interested and show a great deal of enthusiasm for their programs and their work. The environment and morale of the building have become much better. Our goal is complete training of our residents in all areas.

ADVICE COLUMN

Dear B.B.,

I need some help with a boy in my ward. He always has his hands in his mouth. I have tried reinforcement but he doesn't like candy or anything. The only kind of attention he likes is to be yelled at. I have tried everything. He doesn't even want to play with toys.

What Next?

Dear What,

Your problem seems to be one of finding a reinforcer other than yelling for this boy. Many programs have bogged down for this reason until an effective reinforcer was found. Start watching this boy closely at meals to determine what foods he likes best. Is it bread, pudding, applesauce, etc.?

You can also experiment with other sensory experiences. Does he like to be tickled, to have fur brushed against his cheeks, to be swung around, to hear music? Maybe he likes to have stories read to him or to hear someone sing. Of course the real test of a positive reinforcer is to give it following a response (in this case, when his hands are out of his mouth) and see if the response strengthens. Only then is something a positive reinforcer.

When you've discovered some possible reinforcers, you're ready to start a program on this boy. First of all, make sure there is no confusion about when the hand-in-mouth response is occurring. In other words, specifically define the target behavior. You should then take baseline for several days on the natural frequency of that behavior before any systematic training is done. You can do this by observing him for perhaps two fifteen-minute sessions daily and recording exactly how much time is spent engaged in the hand-in-mouth behavior. At the end of a session you would have a "percentage of time observed in which hand-in-mouth responding occurred."

The first step of your program could then involve reinforcing the boy for going a specified interval of time without his hand in his mouth. This interval should be small enough to insure that he can earn reinforcement. You could also consequence hand-in-mouth responses by some form of time out (e.g. turning away from resident for 15 seconds). You can implement these procedures in 30-minute sessions and also informally throughout the day. The other steps of the program would require successively longer intervals of time without the hand-in-mouth response before the boy earns reinforcement. You would not, however, move him to a more difficult step until he had reached criterion for his present step. For example, you could define the step graduation

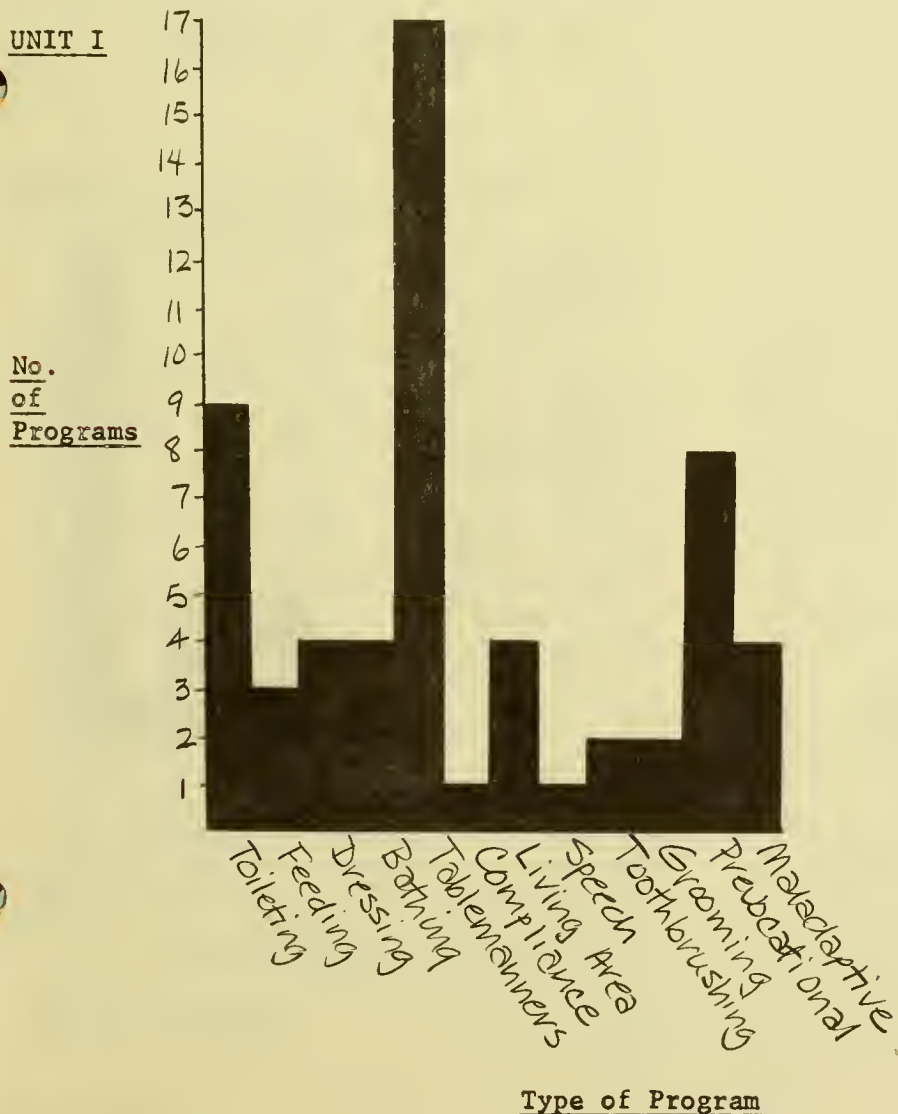
criterion as his earning reinforcement 80% of each session's time interval for three consecutive sessions.

Along with this program you would want to insure that nobody on the ward is yelling at the boy for having his hand in his mouth. Even doing this occasionally will prolong the persistence of his mouthing. Good luck in finding this boy's secret reinforcer!

TRAINING BY ATTENDANT COUNSELORS

The following is a representation by unit of the number and type of training programs by Attendant Counselors during the weeks of November 2 through the 15th, as reported by the Unit Supervisors:

UNIT I



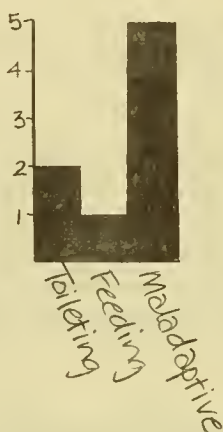
Trainers:

Marilyn DeMers, C-2
Terry Godfrey, C-2
George Howard, C-2
Judy Kilmer, C-2
Barbara Morgan, C-2
Raelene Tuszynski, C-2

Total programs: 59

Unit Supervisor: M.L. O Hara

Note: Programs run in Cottages 1 and 12 are presently being documented and will be reported in the next issue.

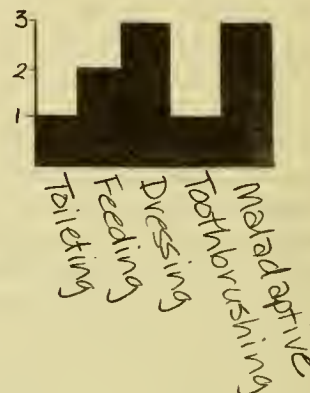
UNIT IINo.
of
Programs

Trainers:

Myrtle Hungerford, C-13
 Russell Jerome, C-6
 Linda McGarry, C-6
 Helen Munson, C-6
 Alice Sheehan, C-6
 Grace Stombough, C-6

Total programs: 8

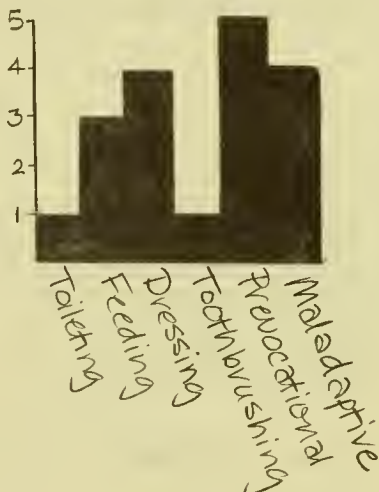
Unit Supervisor:
 Al Glasser

Type of ProgramUNIT IIINo.
of
ProgramsType of Program

Trainers: Penny Blackwood, C-7
 Tom Kilmer, C-7

Total programs: 10

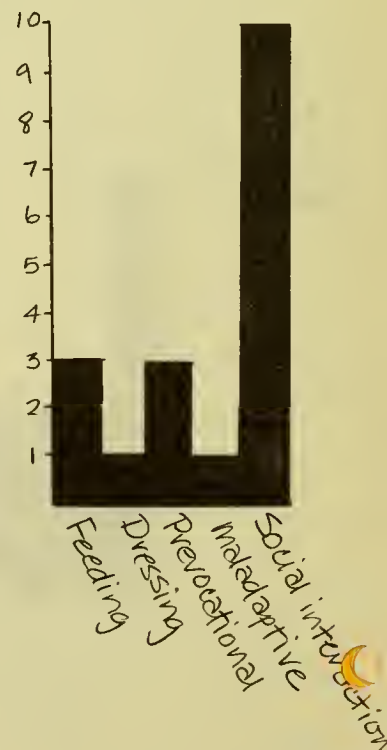
Unit Supervisor: Bob Fleege

UNIT IVNo.
of
ProgramsType of Program

Trainers: Alma DeMers, C-11
 Jim Hunt, C-11
 Norma Johnson, C-4
 Harold Patrick, C-4
 Ray Rashleigh, C-5
 Alice Saari, C-11
 Kathy Sokoloski, C-5
 Karen Wheeler, C-4

Total programs: 18

Unit Supervisor: Dave Anderson

UNIT VNo.
of
ProgramsType of Program

UNIT V - continued

Trainers: Alex Cameron, C-14
 Mrs. Christianson, C-14
 Jim McMahan, C-14
 Adeline Vossler, C-14

Total programs: 18

Unit Supervisor: Dick Sonsteng

Note: Ten new programs have just been started in Unit V that involve training social interactions. Baseline is presently being taken.

UNIT VI

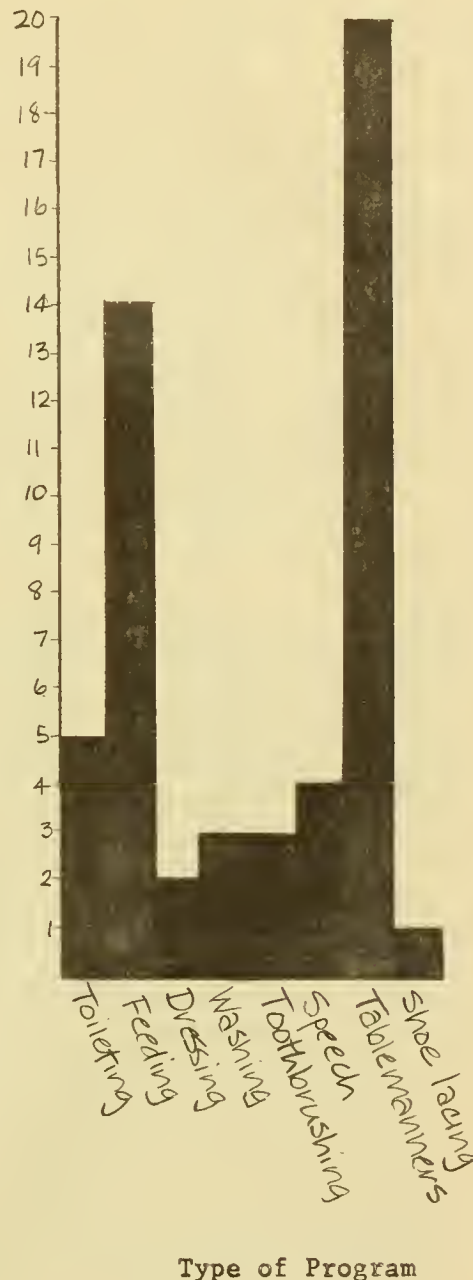
None reported.

Unit Supervisor: Dan Wooley

ENCOURAGEMENT TO WEARY TRAINERS
 by Georgia Rogers, AC II

I would like to offer a word of encouragement to all those people who are plugging away each week on programs. Seeing results from a program you're doing is a very rewarding experience. But all too often you come to a place where, try as you may, you seem to stand still, never making progress. Sometimes it even seems you are going backward with your program. It can be very discouraging and you find yourself asking, "What's the use?" and maybe even not doing the program at times. To you I would like to say, "Hang in there." It is not always easy to look at your programs objectively, but try. You may find a different reinforcement may do the trick. Maybe you're trying to do too much at once, or not enough to keep the patient's interest. If all else fails, try your local be-mod staff; you'll find them very helpful and willing to listen.

No.
of
Programs



Type of Program

Trainers: Mary McMahan, C-15
 Sharon O'Connor, C-15
 Margaret Olson, C-15
 Georgia Rogers, C-15
 Pam Sheets, C-15
 Carol Wade, C-15

Total programs: 52

Unit Supervisor: Kathy Byrne

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Vol. I No. 30

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Boulder, Montana 59632

November 8, 1973

PERIODICAL

OCT 29 1973

EFFECTS OF PATIENT MOVEMENT ON SOCIAL BEHAVIORS

by George Siverts, Richard Swenson and
Barbara Holum

When using behavior modification techniques to train mentally retarded people, efforts are usually made to keep irrelevant stimuli to a minimum and as constant as possible. Distractions tend to interfere with a trainer's control and thus weaken the effects of the contingencies he is arranging. Typically, these distractions involve such things as someone else walking into the room, the lights going out and so on; but large scale disruptions, such as moving to another cottage, are even more important. The following report takes a look at some effects of an inter-cottage move.

In July, 1973, a group of 20 young (4-14 years old) retarded children who had previously been involved in intensive training at BRS&H were moved from one cottage (Cottage 15) to another, similar cottage (Cottage 11). Significant progress had been made with this group before the move, both in skill acquisition and adaptive behavior in general (Swenson and Anderson, 1973), and the move provided an opportunity to observe the effects of this sort of stimulus change on the gains already made. The primary structural changes were from six small bathrooms in Cottage 15 (C-15) to two large bathrooms in Cottage 11 (C-11); and two-person bedrooms (C-15) to four-person bedrooms (C-11). Although similar in design, Cottage 15 was a 20-bed cottage while C-11 was a 32-bed cottage. Hence, the other primary change for the C-15 residents was to have 12 additional

roommates.

Twelve of the 20 severely and profoundly retarded children moved from C-15 to C-11 were studied. For the previous six months these children had been involved in training programs designed to teach self-help skills such as toilet training, dressing and feeding. In addition, we looked at the 12 residents (age range from 9-15 years) living in Cottage 11 at the time of the move. The other 19 residents who had been living in C-11 were moved to cottages elsewhere on the institutional grounds.

A general measure of each of the 24 residents' adaptive and maladaptive behavior was taken during one week prior to the move. Four-10 to 15 minute observations were taken on each person, resulting in roughly one hour per person. During each observation period, the frequency of certain specified responses was recorded. The adaptive behaviors observed were: smiling and laughing, manipulation of toys, playing with others, appropriate touching of another, verbal communication and gestural communication. Maladaptive behaviors recorded were: disruption and destruction, aggression, and self-injury. The frequency of stereotyped responding was also recorded. These observations were made in both C-15 and C-11 during the day while the residents were in their normal environment. One month after the residents from C-15 moved to C-11 this same procedure was repeated and data from the pre- and post- move observations were compared.

The mean number of adaptive and maladaptive responses per hour per subject for C-15 and C-11 residents before and after the move is illustrated in Figure 1.

Keith McCarty, Acting Superintendent
Keith McCarty, Chief, Paramedical Services

Richard P. Swenson, Ph.D., Director, Title I
Barbara Holum, Editor

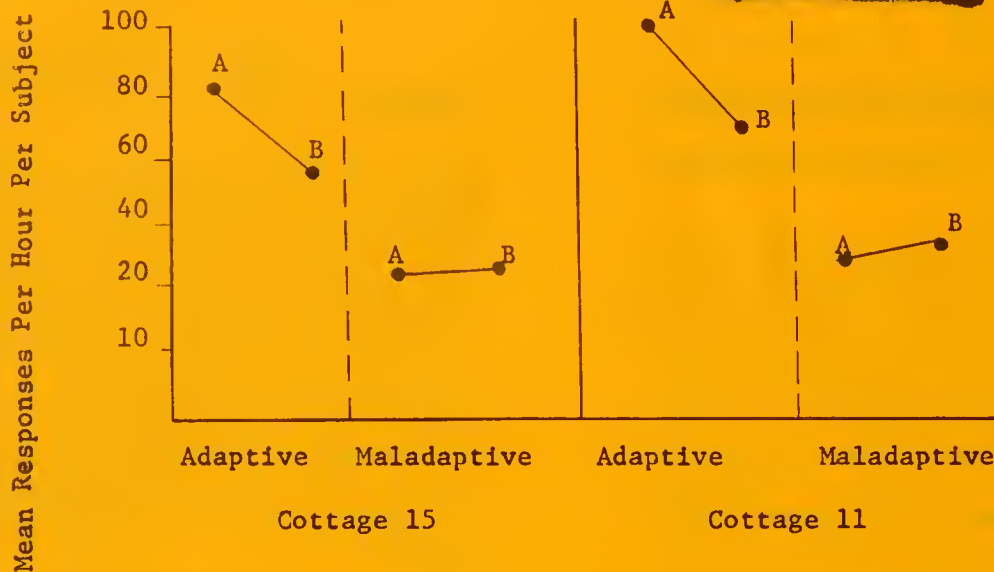


Fig. 1. Mean number of adaptive and maladaptive responses per subject per hour for Cottage 15 and Cottage 11 before (A) and after (B) the move.

As can be seen, the mean number of adaptive responses per subject for residents in both cottages decreased following the move. This mean value represents the sum of all adaptive behaviors recorded. The mean number of adaptive responses per hour decreased from 100.6 to 71.9 in C-11 and from 83.7 to 59.2 in C-15. A t-test for repeated measures revealed a marginally significant difference for both C-15 data [$t(11) = 1.079$, $p < .10$] and C-11 data [$t(11) = 1.430$, $p < .10$].

A comparison of pre- and post-move levels of each of the separate adaptive behaviors observed for C-11 showed significant changes in four of the behavioral classifications: decreases in smiles and laughs, manipulating toys, and verbal communication and an increase in playing with others. Those adaptive behaviors for residents in C-15 that changed significantly were: decreases in

smiles and laughs, sharing toys, playing with others and an increase in verbal communication.

For overall maladaptive responses, the mean number per person increased from 26.9 per hour to 32.7 in C-11 and from 26.5 to 26.7 in C-15. Although these changes were in the predicted direction, they were not statistically significant. Of the specific classes of maladaptive behaviors, C-11 residents showed significant increases in disruptive or destructive behaviors and aggression. They unexpectedly showed a significant decrease in self-injurious responses. C-15 residents demonstrated a significant change in only one class of maladaptive behaviors - a decrease in disruptive or destructive responses. A break down of means with corresponding t-values for each separate adaptive maladaptive and stereotyped behavior may be seen on Table 1.

Table 1. Mean number of responses per hour per subject before the move (A) and after the move (B) for the 12 Cottage 15 and Cottage 11 residents.

	Cottage 15			Cottage 11		
	A	B	t***	A	B	t***
ADAPTIVE	83.7	59.2	1.079**	100.6	71.9	1.430**
Smiles and Laughs	30.0	17.3	1.116**	23.3	14.8	2.017*
Manipulates Toy	18.7	9.7	.654	23.5	9.5	1.278**
Shares Toy	1.4	.5	1.319**	1.6	2.3	.471
Plays with Others	6.7	1.1	1.803*	5.3	9.5	.962**
Touches Another	5.6	6.0	.392	4.1	4.0	.050
Verbal Communication	12.8	21.5	1.042**	35.3	25.7	1.227**
Gestural Communication	4.1	3.2	.618	5.9	4.8	.559
MALADAPTIVE	26.5	26.7	.037	26.9	32.7	.438
Disruptive or Destructive	12.4	4.6	1.857*	9.30	17.4	.971**
Aggression	8.7	8.6	.018	3.12	8.4	1.313**
Self-Injury	5.2	13.4	.650	13.3	8.2	.905**
STEREOTYPED	1258.8	1117.2	.429	848.4	716.4	.716**

* $P < .05$

** $P < .10$

*** all tests were one-tailed

As an additional measure, the noise levels in both C-15 and C-11 prior to the move were compared to the noise levels in C-11 after the move. Three five-minute tape recordings of room noise were made on each of eight days prior to the move. These recordings were made in various

places in each cottage. When making these recordings, care was taken to keep the record gain constant. The tapes were later played back with the output coupled to a digital voltmeter. A time interval of 15 seconds was used for sampling the readout data and daily means were calculated from this. This same procedure was used to measure the noise levels in C-11 after the move. It should be pointed out these measures are not absolute indications of noise but do provide a relative indication of differences.

The results indicated that before the move, the noise level in C-11 was slightly higher than that recorded in C-15. The mean voltage observed for C-15 was .297 while the mean for C-11 was .399. After the

move, mean voltage observed in C-11 was higher (.665) than that observed for either cottage prior to the move. Large variability was observed, however, in the post-move measure, as shown in Figure 2.

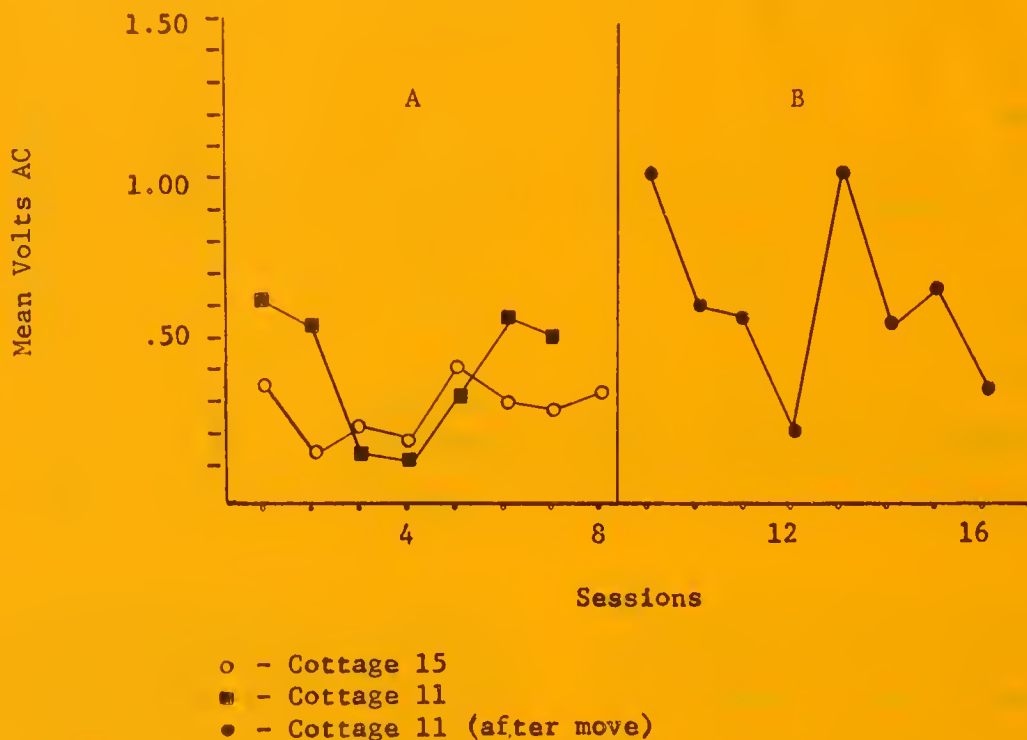


Fig. 2. Relative noise level measured in Volts AC for Cottage 15 and Cottage 11 before (A) and after (B) the move.

Any conclusions drawn from these data would have to be very cautious and tenuous. It does appear clear that the levels of adaptive behaviors went down following the move for both C-15 and C-11 residents. It is not possible to determine specifically what was responsible for these changes, however. One could speculate that the relative overcrowding and less private building design in C-11 were not conducive to either good training or to providing an environment which occasions adaptive behaviors. It is not clear why no signifi-

cant changes in overall maladaptive behavior levels were found for either group.

Persons wishing more information concerning this report should contact the Boulder Behaviorist.

REFERENCES

- Swenson, R.P. & Anderson, C.R. The Cottage 15 Project. Paper presented at the meeting of the Montana Psychological Association, Missoula, Montana, 1973.

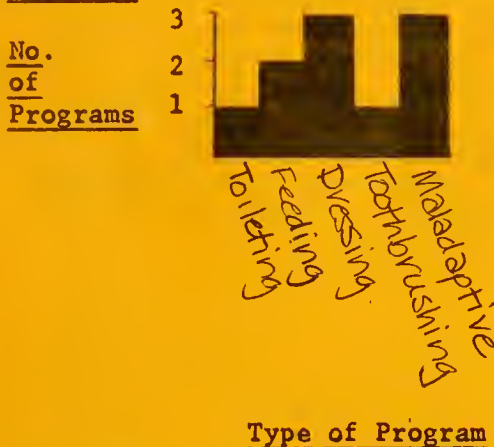
The following figures represent by unit the number and type of training programs

UNIT I

None reported.

Unit Supervisor: M.L. O Hara

UNIT III



Trainers: Penny Blackwood, C-7
(1 toileting
1 feeding
3 dressing
3 maladaptive)

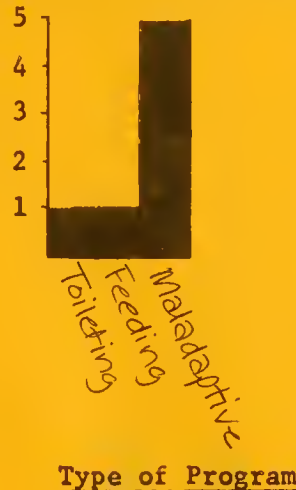
Tom Kilmer, C-7
(1 feeding
1 toothbrushing)

Total programs: 10

Unit Supervisor: Bob Fleege

UNIT II

No.
of
Programs



Trainers:

Myrtle Hungerford, C-13
(1 toileting)

Russell Jerome, C-6
(1 maladaptive)

Linda McGarry, C-6
(2 maladaptive)

Helen Munson, C-6
(1 maladaptive)

Alice Sheehan, C-6
(1 maladaptive)

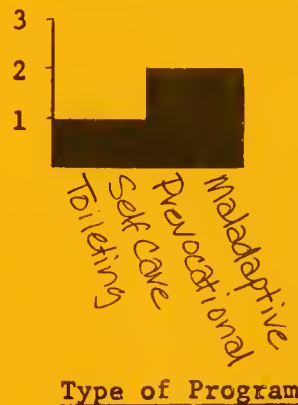
Grace Stombough, C-6
(1 feeding)

Total programs: 7

Unit Supervisor: Al Glasser

UNIT IV

No.
of
Programs



Trainers:

Renee Decker, C-5
(1 self care)

Norma Johnson, C-4
(1 maladaptive)

Haunani Peck, C-5
(1 prevocational)

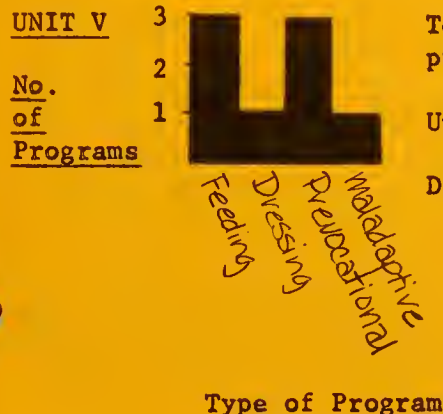
Melba Shink, C-11
(1 toileting)

Total programs: 6

Unit Supervisor: Dave Anderson

Karen Wheeler, C-4
(1 prevocational
1 maladaptive)

UNIT V



Total programs: 8

Unit Supervisor:

Dick Sonsteng

Trainers:

Alex Cameron, C-14
(1 maladaptive
3 feeding
3 prevocational
1 dressing-glasses)

Jim McMahan, C-14
(1 maladaptive
3 feeding)

Adeline Vossler, C-14
(1 dressing-glasses
3 feeding
3 prevocational)

Mrs. Christianson, C-14
(3 feeding)

*All of the represented programs in Unit V are implemented by combinations of the above trainers.



Type of Program

Trainers: Sharon O'Connor, C-15
(1 toothbrushing
1 speech)

Margaret Olson, C-15
(1 toileting
4 tablemanners)

Georgia Rogers, C-15
(3 toileting
2 feeding
2 dressing
1 hand and face washing
1 speech
2 toothbrushing)

Carol Wade, C-15
(8 feeding)

Total programs: 27

Unit Supervisor: Kathy Bryne

SAC HAS 30 STEP GRADUATIONS IN TWO WEEKS

In the first two weeks of training in the Skill Acquisition Cottage, 13 residents have graduated a total of 30 steps. Eighteen of the step graduations were in toothbrushing training, four were in hand and face washing and the others were in zipping, table setting, snapping, bathing and dressing. In addition, there have already been four program graduations. B.Y. graduated from his hand and face washing program; E.W. graduated from his pants and shirt dressing programs and T.K. reached criterion on his socks dressing program.

Congratulations are in order to the staff and Unit Supervisor Kathy Byrne of Cottage 15 who deserve credit for good, consistent programming. Of the 217 total training sessions per day, 134 are done by the be-mod staff, 61 by the Attendant Counselors and 22 by the unit's teacher, Deane Grenz.

MONTANA AABT MEETS WEEKLY

The organizational meeting of the Montana Association for Advancement of Behavior Therapy was held November 7 at the Diamond S Ranch-hotel. The twenty people in attendance decided that meetings would be held there every Wednesday evening at 6:30 and that the yearly dues will be \$3.00 per person. The usual format of the meetings will include a general business meeting followed by an informal discussion session. Anyone interested in behavior modification is invited to attend.

NORMA JOHNSON CURBS RUNAWAY

B.D. in Cottage 4 had acquired the habit of wandering off in the mornings and couldn't be found in time for school. Norma Johnson, Attendant Counselor I, developed a program for B.D. whereby he helps her get the other residents ready for school. He was **responsible** for getting everyone in their coats and in front of the cottage in time for the school bus. For doing this, B.D. is rewarded with a cup of coffee and candy or crackers. For five weeks now B.D. has not run off and has helped Ms. Johnson get the residents ready for both the morning and afternoon school bus.

Boulder Behaviorist

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 Vol. I No. 29 ~~REDACTED~~ Boulder River School and Hospital
 Boulder, Montana 59632

October 25, 1973

SWENSON TO ORGANIZE AABT BRANCH

Dr. Richard Swenson is organizing a Montana branch of the Association for Advancement of Behavior Therapy and invites anyone who's interested in joining to contact him. There are no requirements for membership except an interest in behavior modification. Membership in the national organization is not required but is encouraged.

Periodic meetings will be scheduled to discuss issues, techniques or research related to behavior change. In addition, possible topics for discussion include clinical cases, legislation related to use of behavioral techniques and relevant issues of significance to Montana.

An organizational meeting will be held soon for election of officers, determination of dues (if any) and to decide on the location and frequency of meetings.

NURSING SERVICES HAS 3 POSITIONS OPEN

There are presently three vacancies for the position of Grounds Supervisor according to Mr. Dick Heard, Assistant Director of Nursing Services at BRS&H. This position is responsible for handling any problems that arise on the grounds during that shift (e.g. organizing search parties for lost residents, taking sick residents to the hospital). The Grounds Supervisor also aids the Unit Supervisor in insuring adequate staff coverage for each shift.

The position requires a bachelor's degree in one of the behavioral sciences or business administration. Any experience in management would be welcome. The starting salary is \$615 per month. Interested parties should contact Mr. Heard in writing or by calling (406)-225-3311, ext. 202.

B.B. GOES BI-MONTHLY

OCT 29 1974

As regular readers of the Boulder Behaviorist may have already noted, the reinforcement schedule for receiving your newsletter has been trimmed to a fixed interval schedule of two weeks.

PROGRESS REPORT IS AVAILABLE

A three-year summary Progress Report on the Title I Behavior Modification program has been completed by the Data Analysis Lab and is available upon request.

The report includes data on a number of areas such as number and percentages of various kinds of training programs and program graduations by procedural category, unit, time period and level of retardation.

Special acknowledgement is due Chrys Anderson, George Siverts and Ken Brown for their help in the collection, compilation and summarization of the data in this report.

ANDERSON TEACHES D.S. TO PLAY

Teacher Jan Anderson has designed and implemented a program for D.S. of Cottage 7 to increase the time he will play alone with a toy and to decrease his behaviors of screaming, throwing objects and hitting other people. She has been conducting her sessions in Cottage 7 for the past 6 weeks but plans to move the training situation to her classroom when D.S. can play for five minutes without interruption.

Baseline data indicated D.S. would play alone less than 30 seconds. Since intervention, D.S. is averaging 3.5 minutes of playing alone. Anderson incorporated compliance training into the program and D.S. has reached as high as 95% compliance

==

to five commands. As reinforcers, Anderson gives lavish praise, hugs and handshakes.

ADVICE COLUMN

Dear B.B.,

Every night when putting the patients to bed, I'm up to my elbows in trouble. There are always some who get back out of their beds, create a disturbance and often must be given medications to calm them down. Any suggestions?

Tired of Trouble

Dear Tired,

A system for handling just this problem was developed in a children's unit at Fort Logan Mental Health Center of Denver, Colorado. Eight months after the program's implementation, the rate of children not complying with bedtime expectations was markedly lower. The system is called "Bedtime Roulette."

Baseline of bedtime behavior is taken during four one-month samples. For one month following baseline, consistent reinforcement is given to every child meeting his previously specified bedtime expectations. This schedule is then changed according to the following procedure:

- 1) The names of all residents are placed in a box for drawing purposes.
- 2) At the desired bedtime, a staff member announces that a timer is starting for the bedtime reinforcer.
- 3) A timer is set four times according to a variable interval five-minute (VI-5) schedule.
- 4) Each time the timer sounds, a name is drawn and that person whose name was drawn is checked to see if he is meeting the bedtime expectations.

- 5) Whether the child is or is not meeting the expectations is noted for the next (late) shift. The residents are not aware of whose names have been drawn and are not told at this point who has earned the reinforcer.
- 6) The late shift, after all the residents are asleep, distributes certificates for a reinforcer to those whose names were drawn and met the expectations. To those whose names were drawn but did not meet the expectations, sorry slips are distributed.
- 7) Those who have earned the reinforcer certificates are able to cash them in first thing in the morning for an agreed-upon reinforcer.

Data kept on the number of medications administered to control agitation or to aid in sleeping indicated that the average dropped from 11 per month during baseline to 1 per month during intervention.

Since this system has been shown to be effective in lowering the rate of bedtime noncompliance and changing this period of time from one of difficulty to an opportunity to earn rewards and recognition, maybe you could try it.

PHYSICAL THERAPY USES BE-MOD TECHNIQUES

by Ron Langworthy,
Assistant Director, Title I

The physical therapy department, under the guidance of Jan Hulme, BRS&H's Registered Physical Therapist, uses be-mod techniques whenever they can. The be-mod program most often used by Jan and her four aides is feeding. P.T. aide Leslie McLean has recently graduated two non-ambulatory patients from feeding programs and is now working with J.G. in the adult ward of non-amb and E.S. in Cottage 6. Non-amb resident C.R. graduated as a result of P.T. aide LeAnn Darnutzer's efforts. Ms. Darnutzer now

works with E.S. and J.H., both in the non-amb unit. Ms. Hulme reported that R.J. in the adult non-ambulatory unit has after four months learned how to dip the spoon and is now close to graduating.

Cathy Madden works with J.B. and D.A. and Lynn Siverts trains J.G. These three patients are all from the non-amb unit. In addition to these feeding programs, physical therapy uses the technique of shaping in three walking programs. Primary reinforcement is occasionally used but generally they consequate good behavior with praise and physical contact such as affectionate hugs.

Ms. Hulme commented, "We are pleased with the success we have had using behavior modification techniques. The interaction of the physical therapy and be-mod programs produce results that neither could produce alone."

BE-MOD WORKSHOP TO BE HELD IN ATLANTA

The Third Annual Atlanta Behavior Modification Workshop/Intensive Practicum Workshop will be held at the Regency Hyatt in Atlanta, Georgia, February 27 through March 2, 1974. For information contact:

Joan F. Bassinger, M.D.
P.O. Box 597
Libertyville, Illinois
60048
Telephone: (312)-367-0606

Make plans now to attend.

TRAINING BY ATTENDANT COUNSELORS

The following figures represent by unit the number and type of training programs by Attendant Counselors during the weeks of October 5 through October 18. Unit Supervisors are now providing this information on a regular basis.

PROGRAM GRADUATIONS BY UNIT

by George Siverts, Data Analysis Lab

The number of training programs terminating with graduations is shown below for each of the geographical units. A graduation is an indication of the success of a program -- a program is considered graduated when a previously specified criterion is met. For example, a resident would be said to have graduated from a dressing program if he completely dressed himself on command, without prompting, on three consecutive trials. Criteria for graduation vary from program to program and even within the same skill. Units IV, V and VII show the greatest number of program graduations.

Program Graduations by Unit and Time Period

<u>Group</u>	<u>Time Periods^a</u>			<u>NP</u>	<u>Total</u>
	<u>A</u>	<u>B</u>	<u>C</u>		
Unit I	6	0	6	0	12
Unit II	1	1	1	0	3
Unit III	2	9	0	0	11
Unit IV	2	12	14	0	28
Unit V	2	7	16	0	25
Unit VI	0	0	0	1	1
Unit VII	0	15	11	0	26
Placement ^b	2	7	0	0	9
Totals	15	51	48	1	115

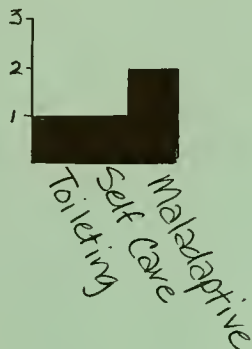
^aTime Periods refer to:

Period A: June 1970 - September 1971
Period B: September 1971 - September 1972
Period C: September 1972 - September 1973
NP: These programs were not dated.

^bPlacement - residents who received services at BRS&H but are no longer here.

UNIT I

No.
of
Programs



Type of Program

Trainers:

Mary Ann Dale, C-1
Bev Stoner, C-1

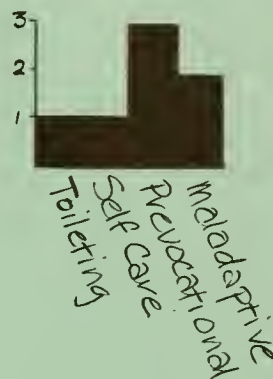
Total programs: 4

UNIT II

None reported.

UNIT IV

No.
of
Programs



Type of Program

Trainers: Renee Decker, C-5
Norma Johnson, C-4
Haunani Peck, C-5
Melba Shink, C-11
Karen Wheeler, C-4

Total programs: 7

UNIT III

No.
of
Programs



Type of Program

Trainers:

Penny Blackwood, C-7
Tom Kilmer, C-7

Total programs: 10

UNIT V

None reported.

UNIT VI

None reported.

UNIT VII

None reported.

The Boulder Behaviorist

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Boulder River School and Hospital
Boulder, Montana 59632

October 11, 1973

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BE-MOD EARNS MOST MONEY IN HIKE-BIKE

Members of the behavior modification staff earned \$342 in the Hike-Bike, winning the recreation department's challenge to other BRS&H departments to beat them in financial sponsorship, number of participants and number of completions. The recreation, social services and be-mod departments tied for number of participants and number of completions with four people representing each department. Social services earned \$316, recreation \$207 and the administration department earned \$156. The total financial earnings from BRS&H was \$1021.

The Hike-Bike was sponsored locally by the Lewis and Clark Association for Retarded Children in conjunction with the National Association for Retarded Children.

Special recognition is due Kathy Byrne, Ken Brown, Patty Hathaway and Dick Swenson of the be-mod program for their unswerving spirit and persevering performance!

PROFILE ON NEW TITLE I EMPLOYEES

New BMT Tom Seekins recently received his B.A. in psychology from the University of Montana. A Miles City native, Seekins will participate in the Cottage Life project.

Peter Degal will work as a BMT in the BEEP project. Degal is a 1973 graduate in psychology from Montana State University and hails from Sidney, Montana.

BMT Ken Buchi graduated in psychology from the University of Utah in 1973 and will work in SAC. Buchi aspires to attend medical school in the future.

Keith McCarty, Acting Superintendent
Keith McCarty, Chief, Paramedical Services

New BMT Stephen Brunette hails from Colorado Springs, Colorado and graduated this spring in psychology from the University of Colorado. He will participate in the BEEP project.

TWO FROM BRS&H ATTEND CHICAGO WORKSHOP

Attending the Fifth Annual Midwestern Behavior Modification Workshop in Chicago October 1 - 3 were Ron Langworthy, Assistant Director of Title I, and Barb Holum, Coordinator of Information Dissemination. The workshop, sponsored by Behavior Modification Technology, dealt with topics concerning both children and adults who exhibit behavioral disorders - those traditionally labeled as mentally retarded, psychotic, brain damaged or delinquent.

Speakers included Robin Blevins, James Budde, Dr. Janis Costello, Ray Foster, Dr. Marc Gold, Dr. Isreal Goldiamond, David Hoffman, Dr. Richard Malott, Dr. Clifford Madsen, Dr. Charles Madsen, Jr. and Dr. Michael Milan.

DOUGLAS IS BE-MOD RESOURCE PERSON

Any staff member needing information or advice on training should contact Margaret Douglas, head of the Cottage Life project, at ex. 268. Ms. Douglas can also offer information on past and present behavior modification programs for any given resident.

TITLE I OBJECTIVES FOR 1974

by Richard Swenson, Ph.D.

Director, Title I

- A. In order to provide systematic training programs for the mentally retarded persons at BRS&H identified to be

Richard P. Swenson, Ph.D., Director, Title I
Barbara Holum, Editor

under 21 years of age and having behavioral deficits, the Cottage Life program will be implemented. Three BMTs will each be assigned a case-load of 15 programs at any given time and a BMS will carry a reduced load of about 10 programs. BMS Margaret Douglas will be responsible for planning, developing and implementing programs, with the added responsibility of providing on-the-job inservice training to BMTs, supervising the proper use of procedures, and periodically evaluating BMT performance. The BMTs will consult with the BMS in planning and implementing behavioral training programs. They will also provide the BMS with appropriate data reflecting the progress of their programs and act as a consultant to Attendant Counselors requesting information regarding any aspect of resident training.

To evaluate the Cottage Life program, information provided by the individualized data base (IDB) project will be used. The Adaptive Behavior Scale will be administered three times a year to assess individual and group gains. In addition, data from all cottage programs will be continually channelled to the data analysis lab for compilation, summarization and analysis, followed by feedback to the be-mod staff members working in this program.

- B. The Skill Acquisition Cottage (SAC) Project will be implemented to provide intensive, systematic training for approximately 30 - 40 patients between the ages of 4 and 14. Planned training programs for these children will span a period of 12-16 hours per day. Individual data and the Independent Functioning Score on the ABS will measure increases in self-help skills and appropriate social behaviors. A corresponding

decrease in maladaptive behaviors (e.g., stereotyped, self-injurious, aggressive or destructive behaviors) is expected.

The objective of SAC is to demonstrate rapid gains in self-help skills by a "total" programming effort. Cottage 15, site of the project, will be operated by 11 Attendant Counselors, one school teacher, one recreation aide and one Licensed Practical Nurse, all under the supervision of the Title I behavior modification program. Kathy Byrne, BMS, will function as the unit supervisor. In addition, three BMTs will be assigned to the project. They will plan and implement training programs and supervise Attendant Counselors in the execution of routine programs.

Training emphasis will be on self-help skills, including toileting, dressing, feeding, hand and face washing, bathing and toothbrushing. As residents acquire these skills, they will go to community placements or be transferred to another location at BRS&H. New children entering the program will generally come from the non-ambulatory (youth and infant) unit in the hospital and be selected on the basis of adequate ambulation, physical condition and probability of successful treatment.

Data from all programs in SAC will be sent to the data analysis lab for analysis, storage and dissemination. Close attention will be paid to determining exact numbers of manhours associated with each program, techniques used, and trials to criterion. This will facilitate a cost/benefit analysis of the project. Pre-intervention baseline data is being taken on each skill to be trained and videotaped baseline samples of the speech, social and maladaptive behaviors will

be taken for each child in the cottage. Intermediate and post-intervention measures will be taken to allow the proper comparisons.

- C. The Boulder Environmental Enrichment Program (BEEP) will be implemented to provide specialized training in a simulated home environment. BMS Patty Hathaway will supervise three BMTs assigned to the project. It is expected that approximately 60 residents will receive training in BEEP. Table manners classes will be conducted two times per day with food catered to the building. In addition, instruction in various skills such as proper care of living area, bedmaking, shoe lacing and tying, and speech will be emphasized.

Determination of environmental conditions which maximize appropriate social interaction and language production and minimize inappropriate behaviors will be made. This information can then serve as a guide for appropriate modification of environmental conditions in all buildings at BRS&H.

Finally, because of the large number of moderately small rooms in this facility, it will also be used as an inservice training facility. One-way mirrors will be installed to allow trainees (including both project personnel and attendants) to observe behavior modification programming without disrupting the training sessions.

The facility will be a building which once housed the hospital infirmary at BRS&H.

- D. To insure coordination and consistency of training efforts between BRS&H and Eastmont Training Center, involvement

by BRS&H personnel with the Eastmont program will be increased. Boulder staff will visit Eastmont at least twice during the year to conduct training workshops for the attendant staff there. Evaluation of the workshops will be made by follow-up examinations, opinion surveys and changes in resident skill levels.

- E. A pilot program to assess the feasibility of a plan designed to effect a smooth transition from the institution to the community will be implemented, provided that parental cooperation can be obtained. The pilot program will involve approximately 5 residents known to be returning to either their natural home or a foster home. The project will involve training the parents in the use of behavior modification techniques, "phasing" the resident into the community, and implementing a "feedback" model of program assessment.

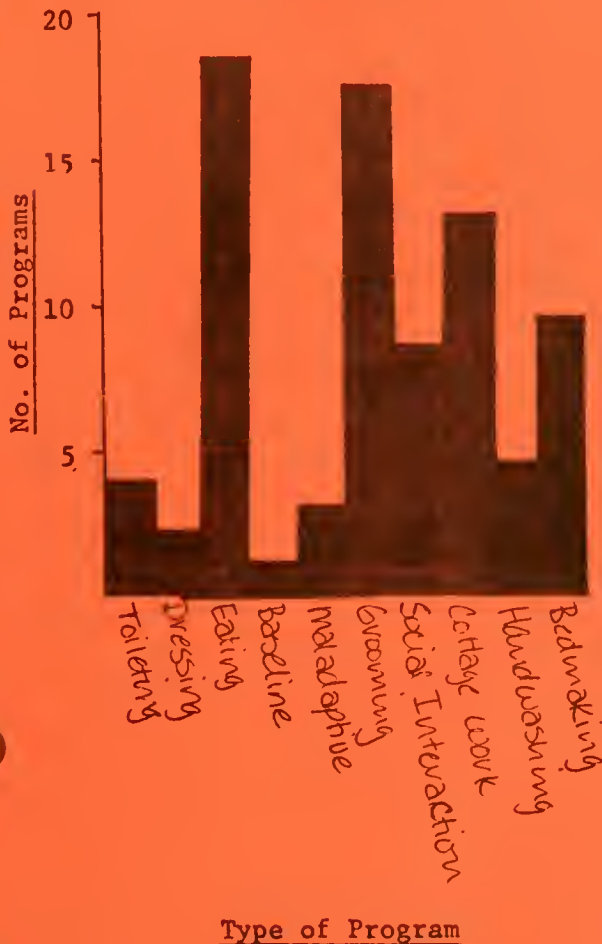
Nancy O'Hara, Community Coordinator, will plan, develop and implement this project.

EASTMONT TRAINING CENTER REPORTS PROGRAMS

The following figures represent the number and type of behavior modification programs by Attendant Counselors during the month of September at the Eastmont Training Center in Glendive, Montana.

Jerry Hoover is the staff psychologist at Eastmont, a position funded by our Title I Grant. Mr. Hoover plans and implements behavior modification programs, both at the institution and in the community. Data from the programming done at Eastmont is being made compatible with and is being incorporated into the data analysis and evaluation system at Boulder River School and Hospital.

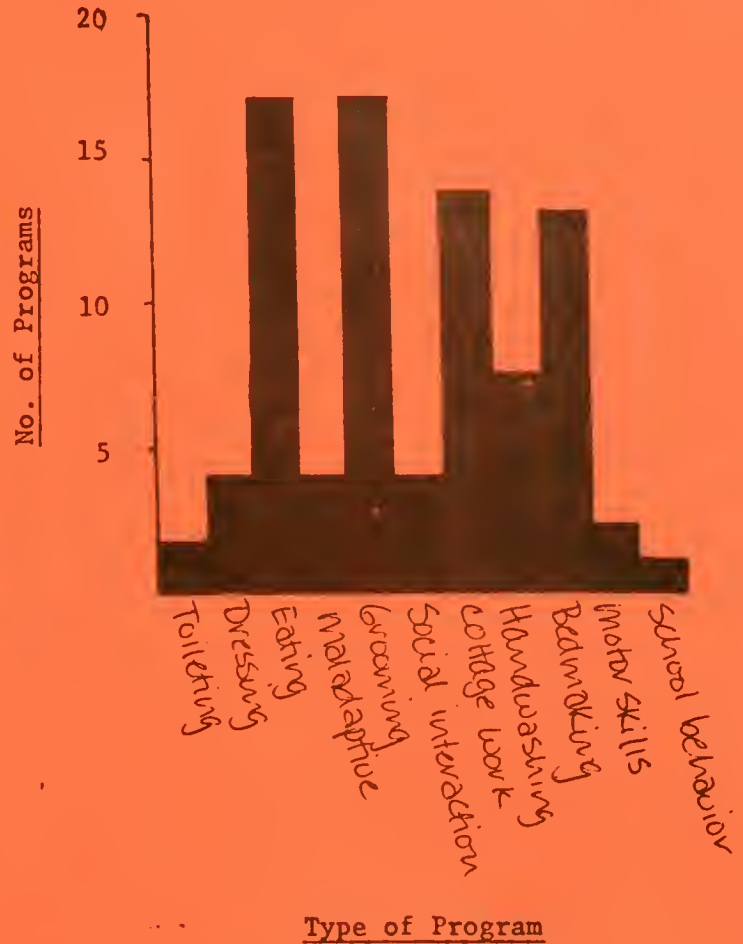
BOYS COTTAGE



Counselors: Shirley Larson
Delores LaDoux
Pat Linquist
Sherry Thompson

Total programs: 75

GIRLS COTTAGE



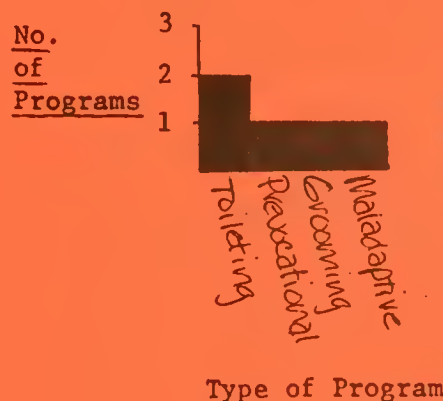
Counselors: Kate Schultz
Sandy Miller
Carol Ruggles
Margaret Chrest

Total programs: 81

A.C. TRAINING FEEDBACK SYSTEM DISRUPTED

Due to the transition of be-mod staff from unit assignments to caseloads and special projects, data on Attendant Counselor training has been temporarily disrupted. Plans for the continuation of this valuable feedback system are being made and the system should be reinstated soon.

In the meantime, data on training by attendants is available for only one unit and covers the period of September 21 through October 4:

UNIT I

Trainers:

Mary Ann Dale, C-1
Beverly Stoner, C-1

Total programs: 5

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OCT 29 1974

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HUMANIZATION: WHAT IS IT?

Humanization of institutional patients is a growing concern, nationally and at BRS&H. Humanization refers to people being treated in such a way that they feel like human beings with individual personalities and rights. Humanization as a process fosters dignity in daily institutional life. While funds are necessary to renovate bleak, undecorated wards, money is not needed to change dehumanizing rules and attitudes.

The Boulder Environmental Enrichment Program is one example of a local attempt to promote humanization in the institutional setting. The project involves making a part of the institution as stimulating as a normal home.

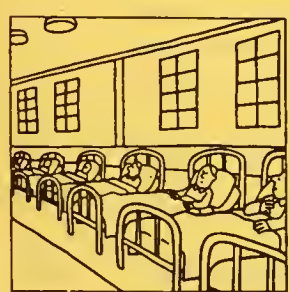
There are many individual cases illustrating the process of humanization at BRS&H. Two recent directives from the office of Acting Superintendent Keith McCarty acknowledge that patients should

assume greater responsibility in their lives. One policy change allows employees to use matches at work, replacing a 'lighters only' ruling. This reflects an attitude that patients can successfully cope with a potential hazard. Another policy to be encouraged is the practice of patients attending and participating in their own programming meeting. At these meetings they can indicate their own needs and plans for the future.

There are many possible applications of the concept of humanization on which we should each ponder. The most basic might well be our own interaction with the patients. Do we treat each person as an individual or do we fall into a stereotypic pattern of interaction?

The following cartoons, originating from the Minnesota Department of Public Welfare and printed with their permission, aptly depict several humanizing and dehumanizing conditions.

dehumanization is...



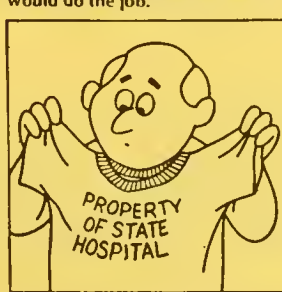
Having 40 roommates.



Being called "Hey, you." Being shouted at when a normal voice would do the job.



Being subjected to the "batch" process.



Having "State Hospital" stamped on your clothing.

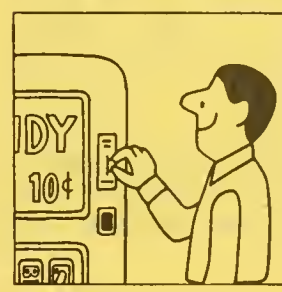
humanization is...



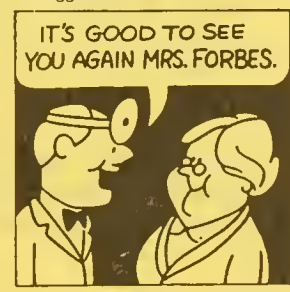
Having a place of your own for personal belongings.



Having an opportunity to contribute your ideas or suggestions.



Having money in your pocket for ordinary purchases.



Being recognized as an individual with individual needs.

~~SECRET~~
~~SECRET~~



TRAINING PROGRAMS BY ATTENDANT COUNSELORS

The following is a summary by unit of systematic training programs conducted and the trainers of each during the week of September 14 to 20:

<u>UNIT</u>	<u>TRAINER</u>	<u>PROGRAM</u>
I	None reported.	
II	None reported.	
III	Delman Stevens	Shoetying
	Delman Stevens	Shoetying
	Connie Wrzesinski	Washing
	Connie Wrzesinski	Washing
	Penny Blackwood	Prevocational
	Penny Blackwood	Toilet training
	Kathy Amaya	Prevocational
	Kathy Amaya	Dressing
	Tom Kilmer	Toothbrushing
	Arnie Rosling	Maladaptive
	Total programs: 10	
IV	Karen Wheeler	Prevocational
	Karen Wheeler	Living Area
	Billie Rudolph	Bedmaking
	Billie Rudolph	Living Area
	Marilyn Nadeau	Prevocational
	Marilyn Nadeau	Prevocational
	Marilyn Nadeau	Prevocational
	Richard Mitchell	Prevocational
	Total programs: 8	
	Note: Marilyn Nadeau also graduated two patients from living area programs.	
V	None reported.	
VI	None reported.	
VII	None reported.	
	TOTAL PROGRAMS FOR ALL UNITS: 18	

ADVICE COLUMN

Dear B.B.,

A. is a cute little girl who is spoiled from the minute she gets up til bed again.

She gets more pampering than any of the other patients. The grandmothers, attendants, BMS, bus driver, school teachers, etc. are all to blame. She is becoming harder to handle every day and would have obvious difficulties if placed in the community. What to do?

Concerned

Dear Concerned,

First of all, since descriptions like "spoiled", "pampered" or "hard to handle" are not specific behaviors, I can only guess at the problem. A behavioral definition of the "spoiled child" offered in New Tools for Changing Behavior by Deibert and Harmon is "one who expects rewards (pay-offs) that are not dependent upon his behavior."

This means that people in the child's environment shower him with material and social rewards at any time without consideration as to whether or not his previous behavior was appropriate or inappropriate. Rewards just come to him. He can even misbehave and the pay-offs are still there.

Does your patient A. fit this description? If so, then there truly is a problem because she will grow up expecting good things and treatment from everyone regardless of what she does. When these expected rewards are withheld, she will probably throw tantrums.

The first thing I would do is make the other staff members aware of their indiscriminate use of rewards with A. You might post this column where it is plainly visible and read it aloud at a staff meeting. People are obviously lavishing rewards on A. because of her cuteness, not because of her good behavior. Make these people aware of the serious consequences of this and remind them that A. will ultimately suffer from this kind of treatment.

It would probably be a good idea to set up a program in which the staff records each interaction they have with A. and

whether it followed an appropriate or inappropriate behavior. Every day each staff member could then add their initialed tallies to a daily count sheet. This procedure would undoubtedly make everyone more conscious of the right and wrong times to reward A. with attention or goodies.

You might suggest that the staff also keep a daily count of A.'s "hard to handle" behaviors. There should be a corresponding decrease in her inappropriate behaviors as the staff learns to use their rewards correctly with her. I might warn you however that immediately following the program's implementation, A.'s behavior may get worse for a short time as she will test the staff for consistency. Needless to say, it is crucial that any tantrums or outburst from A. be ignored.

The goal of this program is not to decrease the attention that A. gets from the staff but to get the staff to be cautious that they don't inadvertently reward A. for bad behavior.

HIKE-BIKE FOR THE RETARDED IS SATURDAY

Saturday morning in Helena will see scores of hikers and bikers out to earn money for the retarded by their endurance. Each participant recruits sponsors who pledge a certain amount of money for each mile traveled. Hikers can go as many as 20 miles and bikers 40 miles.

The program is sponsored locally by the Lewis and Clark Association for Retarded Children in conjunction with the National Association for Retarded Children. The Hike-Bike in Helena is but one of 41 such marathons occurring in Montana on Saturday. One of the projects supported by the Lewis and Clark ARC is to create a visiting room at BRS&H where patients and their family may get together.

The Recreation Department at BRS&H has issued a challenge to other departments to beat their financial sponsorship, number of participants and number of completions in the Hike-Bike. Anyone interested in participating or sponsoring a participant should contact Larry Burton,

Coordinator of Volunteer Services at BRS&H, at ext. 257

THREE YEAR TRAINING EMPHASIS TRENDS by George Siverts, Data Analysis Lab

The following figures indicate the emphasis on each type of training program during the past three grant years. Each program type is represented as a percentage of the total programming for each period. Historical periods refer to:

Period A: June 1970-September 1971

Period B: Sept 1971-September 1972

Period C: Sept 1972-September 1973

In the last grant year self-help skills such as toilet training, dressing, feeding and grooming have been increasingly emphasized as target behaviors for our training efforts. Meanwhile the percentage of work, compliance and activity (i.e. programs without target behaviors or systematic procedures) programs has decreased.

Our experience has shown us that behavior modification techniques are most effective when applied to the acquisition of adaptive skills. This shift of emphasis to self-help skills probably accounts for some of the increase in our graduation percentage (B.B., August 9, 1973).

Work programs were felt to be of limited value because they generally do not teach the patient a skill he does not already have. They can provide the client with contingencies similar to those in effect in society, but these contingencies must be stringently controlled to be effective. This is a situation not always achieved at BRS&H.

Compliance programs teaching obedience to simple commands were less frequent because learning to follow commands is usually an integral component of a skill acquisition program.

The decline of activity programs is probably due to the fact that a great majority (90%, B.B., July 19, 1973) of programs written in the last year have had the features of target behaviors and systematic procedures.

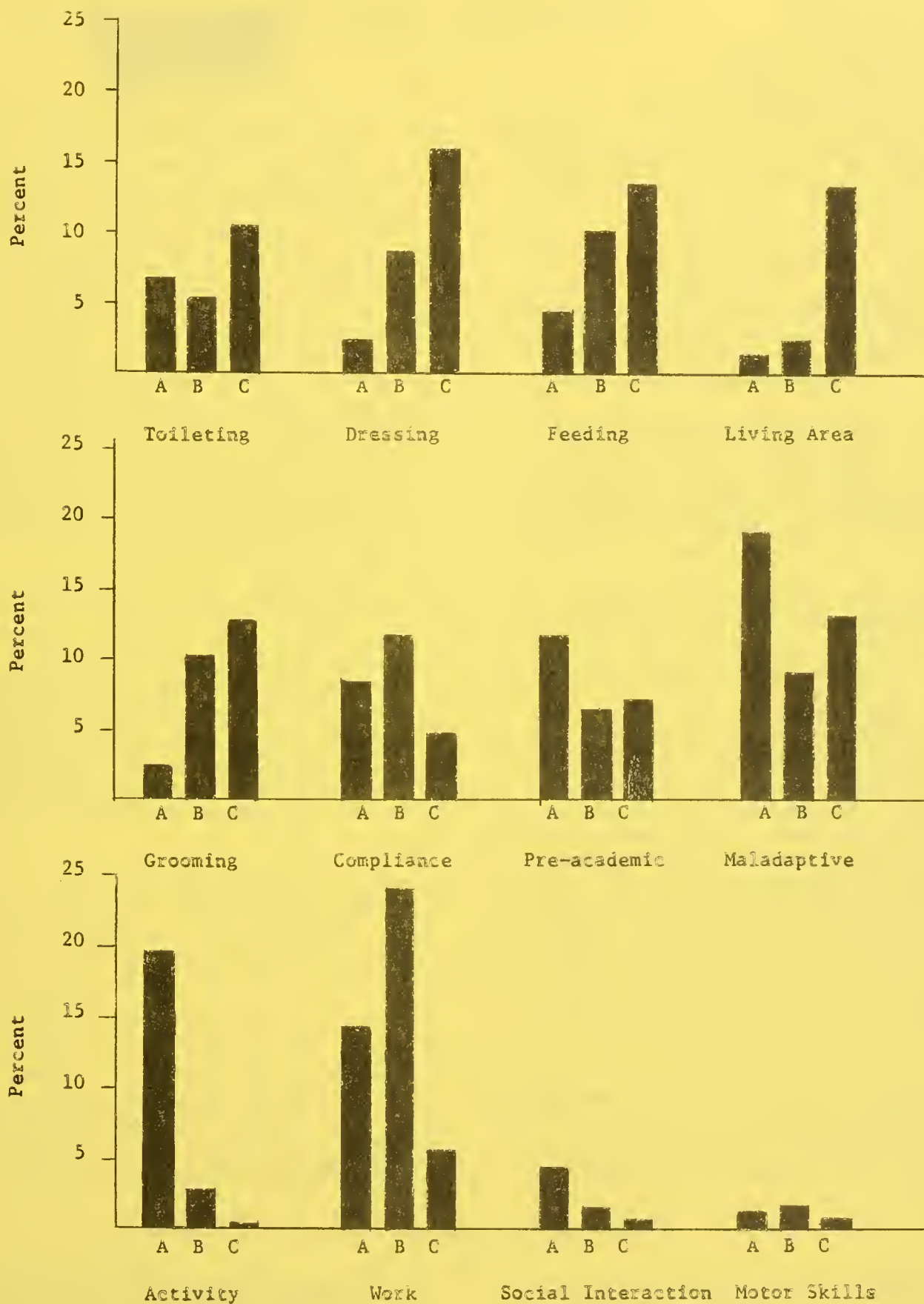


Fig. Percent of total programs in each skill category for Periods A,B, and C.

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September 13, 1973

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NEW POSITIONS CREATED UNDER TITLE I

Several new positions have been added to the ranks of the Title I program at BRS&H. Jon Hartzler, Ph.D. joined the staff September 4 as the Program Evaluator. In addition, the former BMS position has been renamed "Behavior Modification Technician" (BMT). There are also provisions in the new grant for professional advancement in the newly created position of Behavior Modification Specialist (BMS). This position requires a bachelor's degree and one year's experience in be-mod. Responsibilities include supervision and inservice training of BMT's, implementing difficult programs, and handling special projects. The new BMSs are Kathy Byrne, Margaret Douglas, Patty Hathaway and Barb Holum.

TRAINING PRIORITIES BEING SYSTEMATIZED

Under the direction of Kathy Byrne and George Siverts, a systematic procedure for determining training priorities is being developed. The system will give training priorities to persons who lack necessary self-help skills (toileting, feeding, dressing, etc.), are young, or have already acquired components of the skill.

BMTs are currently collecting and coding data on each patient's proficiency in the various skill areas. When completed, this system will offer a systematic hierarchy of training priorities.

NEW COTTAGE LIFE PROJECT PLANNED

A new approach to programming in the cottages is being developed. The former structure of BMTs being assigned to a unit will change such that BMTs will instead be responsible for training a caseload of pa-

tients. A BMT's caseload will be determined by the systematized training priorities being developed and by recommendations submitted by Unit Supervisors.

Under the direction of Margaret Douglas, four or five be-mod personnel will each be directly responsible for a caseload of approximately 20 patients, with one or more programs per patient. A BMT will contact his caseload by spending blocks of time in various cottages.

Increased emphasis will be placed on keeping data current to facilitate smooth transferring of be-mod manpower. In accordance with Title I guidelines, emphasis will be placed on patients under 21 years of age.

The project is tentatively scheduled to begin taking baseline September 24.

BEEP IS IN THE PLANNING STAGES

Patty Hathaway is presently coordinating the planning of the Boulder Environmental Enrichment Program (BEEP). Working with a be-mod staff of three, Patty will train approximately 10 patients at a time for eight hours a day. These high priority patients will be trained in advanced self-help skills such as grooming, cooking, time-telling, money-handling and table manners. They will also be trained in social and work skills. High priority patients with special needs and patients in special SAC projects (e.g. intensive toilet training) will also be included in BEEP's facilities.

Located in the old Hospital building, the BEEP project will study the effects of environment on social and self-help skills. By manipulating such variables as music,



lighting, furniture and murals, the staff hopes to determine relationships between certain environments and desirable behaviors. Plans include construction of a room which offers a high level of reinforcement -- packed with toys and games. An observation room with a one-way mirror will be used for training and experimental purposes. An effort will also be made to determine which toys and games provide optimal stimulation and growth.

Ms. Hathaway commented on BEEP, "It's an exciting project. In doing research on enriching the environment, we hope to gain insights into how we can improve institutional life for all patients."

COTTAGE 15 IS SITE OF SAC

Cottage 15 is again the site of a training cottage. On September 13, 20 prepuberty patients from Cottage 11 will be transferred to Cottage 15 to be part of the new Skill Acquisititon Cottage. The primary difference between this project and the former training cottage is that BMS Kathy Byrne will function as supervisor for both be-mod and nursing services personnel. Her staff will consist of three be-mod and 10 Attendant Counselor positions and will be supported by a housekeeper, nurse, teacher, educational aide and social worker.

Patients from Cottage 11 who already have components of self-help skills will be chosen to participate in SAC. These people are considered to be the most likely to benefit from the intensive training experience.

Baseline will begin September 17 or 18.

PROGRAM BOOK TO BE DISTRIBUTED

Each cottage will soon receive a manual comprised of model training programs on each of the various self-help skills. This valuable reference tool is the result

of much research and testing of programs during the Cottage 15 Training Project. The manual will make good training programs directly accessible to every staff member and will eventually be incorporated into a packet for information dissemination to other institutions and service agencies.

PROJECT REPORT SOON TO BE RELEASED

A report on the three year development of the Title I Program is being developed. It will present an analysis of the quantity, quality, type and success rate of behavior modification programming during the last three grant years. Included will be information on the percentage of program success by type of program and level of retardation and the number of trials and training hours necessary to reach criterion for each kind of training program.

Copies of the Project Report can be obtained without charge by contacting Dr. Richard P. Swenson. If requests for the report become too numerous, a minimal fee will be charged to cover the reproducing costs.

PROFILE ON NEW TITLE I EMPLOYEES

Joining the Title I staff are six new recruits. Jonathan Hartzler, Ph.D. has assumed the role of Program Evaluator. Hartzler received his doctorate degree in zoology from the University of Montana in 1972. He also attended Goshen College and Mankato State College.

Margaret Douglas has returned to the Title I programs in the capacity of BMS after a year's absence. Margaret previously worked in the behavior modification program for 13 months. A 1971 graduate of Gonzaga University in psychology, she will assume responsibility for supervising the Cottage Life project.

New BMT Judy Kimler hails from Illinois where she graduated with a B.S. in Elementary Education from Valparaiso University in 1973. Judy will participate in the new Skill Acquisition Cottage.

Anne Powers is a new BMT who will be involved in the Cottage Life project. Anne received her B.A. in psychology this spring from the University of Vermont.

New BMT Mark Taleff received his B.A. in Political Science from the University of Montana in 1970. A native of Great Falls, Mark will work in the Skill Acquisition Cottage.

Barb Joffe has joined the be-mod staff in the capacity of clerk and trainer in the BEEP project. A native of New York, Barb formerly worked in the payroll office. She attended the University of Montana and the University of Colorado where she majored in fine arts.

Welcome to BRS&H, all of you.

TRAINING BY ATTENDANT COUNSELORS REVIEWED

The following figure represents the number of training programs per week consistently carried out by Attendant Counselors at various points in time since the start of the Attendant Incentive Program 28 weeks ago.

On March 2 the be-mod staff, operating on the basis of the triadic model, began the incentive system. We were concerned with increasing Attendant Counselor involvement in training programs. Since this goal could not be achieved by managing the contingencies of an attendant's job, such as pay, time off, etc., we set out to arrange regular social reinforcement for those A.C.s who were doing consistent training and keeping data.

did this by developing a feedback system whereby the Boulder Behaviorist weekly

published the names, by unit, of those A.C.s whose names had been submitted by their BMTs for having run a training program for five consecutive days. In addition, from those names, ten were randomly drawn as winners of prizes that had been contributed by businesses in the area.

For nine weeks after the incentive system began, A.C. training remained relatively unaffected, with the average number of programs at 31. The tenth week saw a dramatic increase in training to 61 programs. This increase corresponded to the initiation of heavy A.C. involvement in programming in the Cottage 15 Training Project. The level of training programs then remained fairly stable at an average of 58.5 programs per week. A dip occurred in the 19th week, which again corresponded to changes in the training cottage -- the transfer of all patients to Cottage 11.

After the 20th week of the incentive program's implementation, the prizes were withdrawn to determine their effect on the number of training programs. No significant long-term effects were apparent following this change. The average number of programs 8 weeks prior to the change was 56.5. The average number of programs 8 weeks subsequent to the change was 61.25.

One conclusion derived from the incentive program is that training by A.C.s can be increased by incentives. The winning of prizes per se does not appear to have been a major controlling factor, however. The published feedback and corresponding increased emphasis on training probably accounted for much of the increase. Additional attendant involvement in programming in the training cottage accounted for part but not all of the increase.

A new insight into the situation was gained with the recent analysis of the effectiveness

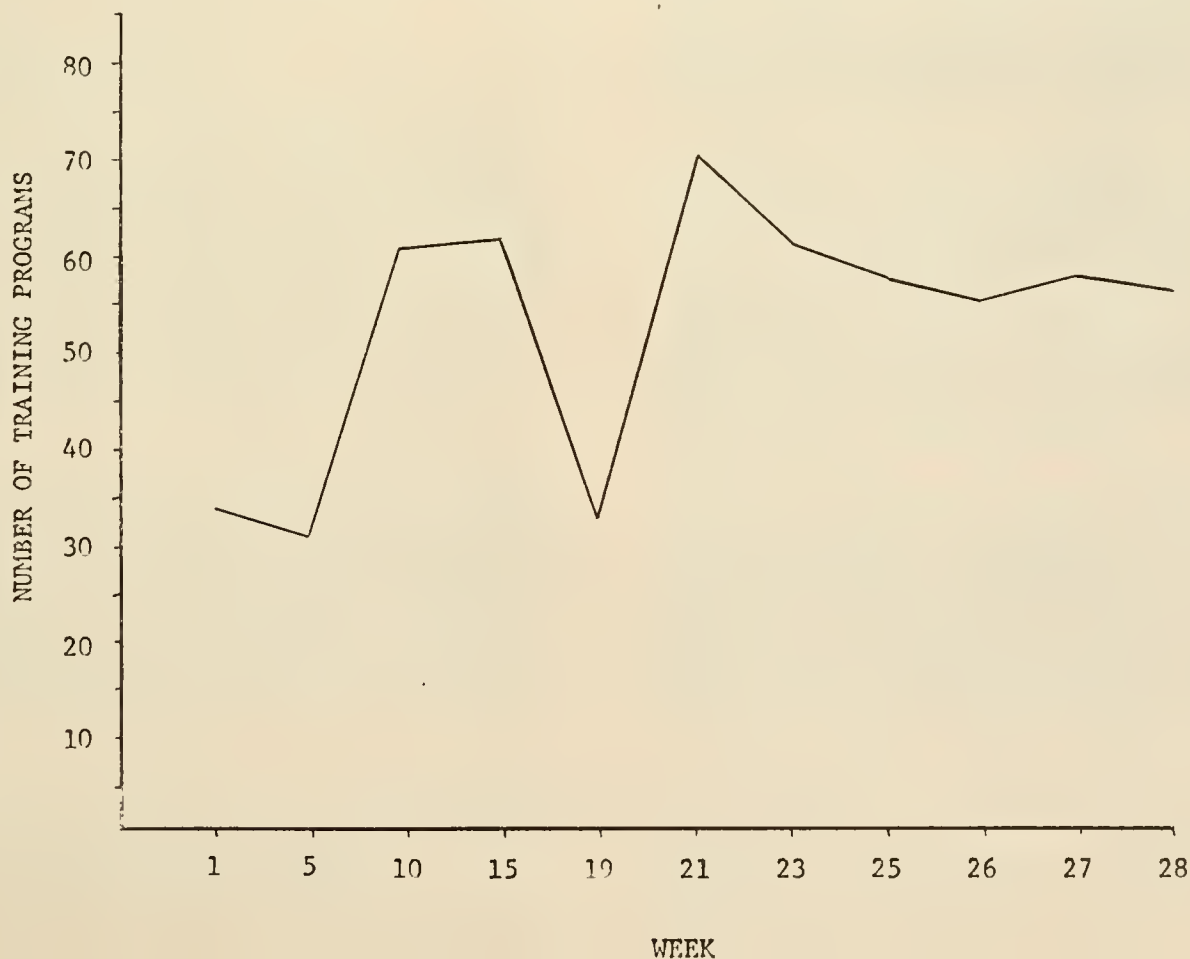
of the triadic model at BRS&H. This study showed that direct implementation of programs by BMTs themselves would yield a higher number of training programs per day - 100 - as compared to 80 programs that resulted from their supervising attendants' programs. This realization is the basis for a change of policy--less emphasis on recruiting attendants as trainers and more on direct program implementation by BMTs.

Corresponding with this shift of emphasis will be a modification of the Attendant Incentive Program as it now exists. Weekly feedback in the Boulder Behaviorist will continue as it seems important to recognize training programs done by attendants. The drawing of prizes will not be continued.

We would like to thank again all the businesses who supported the program with their contributions. It was extremely heartening to realize that the community was concerned enough about patients and improving conditions at BRS&H to participate in an innovative program.

It is clear however that to effectively apply the triadic model at BRS&H, one must be in control of powerful employee incentives -- better pay, time off from work and better working conditions. A total systems approach aimed at changing the structure of the institution is necessary before powerful incentives can be made available for increasing the level of training.

NUMBER OF TRAINING PROGRAMS BY ATTENDANT COUNSELORS



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Vol. I No. 25

August 16, 1973

STATE DOCUMENTS

WINNERS OF AUGUST 10 DRAWING

Georgia Rogers	Unit VII
Jerry Blackburn	Unit VII
Montana Ham	Unit II
Bev Stoner	Unit I
Connie Wrzesinski	Unit III
Delman Stevens	Unit III
Jim Hunt	Unit IV
Marilyn Nadeau	Unit IV
Penny Blackwood	Unit III
Billie Rudolph	Unit IV

SPOTLIGHT ON UNIT III

by Jan Mackay, BMS

Unit III, specifically Cottage 7, has had some interesting and exciting changes in behavior modification training in the past month. Previously there were no programs being conducted in this cottage. Now there are 12 behavior modification programs in effect with more to be initiated. These changes have been made possible by the enthusiasm generated by Bob Fleege, Unit Supervisor, and the cottage attendants.

Consistent training is guaranteed by a contract signed by the attendant responsible for the program, the supervisor and the BMS. Already the programs have shown success. For example, B.S. has graduated 3 steps in shoe tying, A.D. has graduated a step in dressing and L.A.'s vomiting has been reduced significantly.

The implementation of a few be-mod programs has also given us some pleasant surprises. M.B., who was being carried because he wouldn't walk, began walking and is on his feet again. R.M., who has been fed the past few months, is now able to complete his meal with help given only in dipping his spoon. Each of these successful cases can be credited to the willingness and cooperation extended by the Cottage 7 attendants.

Another interesting development is a clinic which is held in the cottage every Monday morning. In addition, Social Worker Lee Skifton has found some possible foster placements. The unit is also receiving a new teacher, Jan Anderson.

Although the cottage is understaffed, Bob Fleege has donated an hour of each attendant's time to conduct behavior modification programs, primarily designed to establish self-help skills. This time allows for the implementation of as many as 30 programs, each with 10 sessions a week.

In addition to regular programs, the attendants have shown a general understanding of behavior modification principles in their treatment of the patients. For example, the attendants have set up group play periods, have independently taught prevocational skills, and the night shift specials patients on the toilet and uses reinforcement when appropriate.

The staff also does a lot of special things for the patients. Connie Wrzesinski has been embroidering the patients' clothes and giving them new articles. Allana Semmens has taken patients to Helena on her day off. The BMS has provided a picnic and a trip to Columbia Gardens for six patients. Each of these special favors

Robert M. Perry, Superintendent
Keith McCarty, Chief, Paramedical Services

Richard P. Swenson, Ph.D., Director, Title I
Barbara Holum, Editor

SECRET

TOP SECRET

1. The purpose of this document is to provide a comprehensive overview of the current state of the project and to outline the key findings and recommendations.

2. The project has been conducted in accordance with the established protocols and procedures, and the results have been carefully reviewed and analyzed.

3. The findings indicate that the project has achieved its primary objectives, and the data collected is consistent with the expected outcomes.

4. It is recommended that the project be continued, with a focus on further refining the methodology and expanding the scope of the research.

5. The following table provides a summary of the key data points and trends observed during the project.

Parameter	Value	Unit
Temperature	25.0	°C
Pressure	101.3	kPa
Humidity	65.0	%
Speed	1.5	m/s
Acceleration	9.8	m/s²

6. The project has been completed successfully, and the results are being disseminated to the relevant stakeholders.

7. The project has been a valuable learning experience, and the findings will be used to inform future research and development efforts.

8. The project has been conducted in a professional and ethical manner, and the results are being shared in a timely and accurate manner.

9. The project has been a success, and the results are being used to inform future research and development efforts.

10. The project has been a valuable learning experience, and the findings will be used to inform future research and development efforts.

are rewards for good behavior.

Ongoing programs being done by Attendant Counselors include 3 prevocational, 1 financing, 1 toilet training, 2 shoe tying, 1 toothbrushing, 1 feeding, 2 hand and face washing, 1 dressing and 1 maladaptive program. In carrying out these programs, special credit should be given to Penny Blackwood, Kathy Amaya, Arnie Rosling, Connie Wrzesinski, Delman Stevens, Tom Kilmer, Kathy Napier, Allana Semmens and Maureen McCormick for their consistency in collecting and recording data.

In summary, Cottage 7 is changing with much progress being made. Good behavior is being more consistently rewarded and we are looking forward to some important modifications in Unit III.

TRAINING EMPHASIS SHIFTED

by Ron Langworthy

Assistant Director, Title I

One of the basic assumptions made by the behavior modification staff about patient contact has been the triadic model, developed by Tharp and Wetzel. The triadic model involves the use of mediators between the psychologist and the target person. A triadic model arrangement at BRS&H goes like this: the psychologist (BMS) trains a mediator (an Attendant Counselor) and the Attendant Counselor trains the target person - a patient.

For a long time we have felt that this is the best way to reach the most patients. Recently we have questioned this assumption. Based on data for the last 12 weeks, we found that for each hour spent training and supervising Attendant Counselors, there is an average yield of 3.2 programs implemented. However, the average yield when BMSs implement programs is estimated to be about 4.0. This figure is probably conservative, since we know that in Cottage 11, BMSs often do as many as six or seven programs per hour. If you consider

that BMSs collectively have been spending 25 hours a day training Attendant Counselors, yielding about 80 programs, when they could have done 100 by themselves, it is apparent that the triadic model is not working efficiently at this time.

What does this mean in terms of the future of behavior modification at BRS&H? There will be no great, abrupt changes. We will gradually spend less time training Attendant Counselors and more time training patients directly. Several kinds of programs, especially maladaptive (unfortunately the most difficult), simply cannot be run by BMSs because they require almost constant vigilance. For this reason we will continue to train Attendant Counselors. The main change, then, will merely be a change in emphasis. Gradually BMSs will be expected to do more programs themselves. Of course, this does not mean that the be-mod staff will no longer supervise programs now done by Attendant Counselors. We will simply spend less time trying to insure they are done.

Why hasn't the triadic model worked well at BRS&H? There are many reasons of course, but a major reason is that the rapid turnover rate of Attendant Counselors prohibits any long range training and planning. It would be fine if we could train people and then let them work relatively autonomously, but too often we invest our time training people who quit before they use that training. Also, the be-mod staff has spent too much time trying to enforce consistency, without having any enforcement authority.

Our main concern is to reach as many patients as possible in as effective a manner as possible. Any time we improve our methods the patients are the winners.

NEWSLETTER TAKES VACATION

The Boulder Behaviorist will not be printed for the next two weeks so the editor can go fishing.

M.G. GRADUATES FROM TOILET TRAINING

M.G. was moved to Cottage 11 from Unit VI on July 25 as a high priority toilet trainee. She immediately started rapid toilet training and graduated after 54 hours of training in 9½ days. She was a high priority patient because she had a good chance for placement this fall if she were toilet trained.

John Dineen, supervisor of Cottage 11 training, offering a comment about M.G., said, "It's gratifying to be part of such a clear, quick success. She now has accidents only rarely when no one is around for her to tell that she has to go." M. has cerebral palsy and cannot climb onto the stool by herself.

TRAINING PROGRAMS BY ATTENDANT COUNSELORS

Based on the names submitted by each BMS, the following is a representation of the number and type of programs conducted in each unit during the week of August 3 - 9:

UNIT I

No.
of
Programs



Type of Program

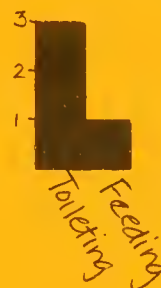
Total programs: 9

Trainers: Mary Ann Dale, C-1
Terry Godfrey, C-2
Brent Rast, C-2
Bev Stoner, C-1

Contact: Kathy Byrne
ext. 218

UNIT II

No.
of
Programs



Total programs: 4

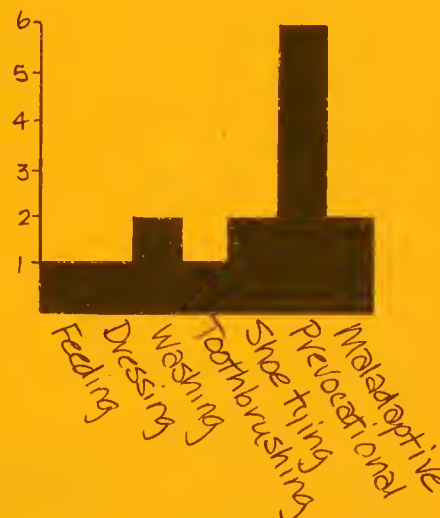
Type of Program

Trainers: Montana Ham, C-6
Helen Munson, C-6

Contact: Nancy O'Hara
ext. 267

UNIT III

No.
of
Programs



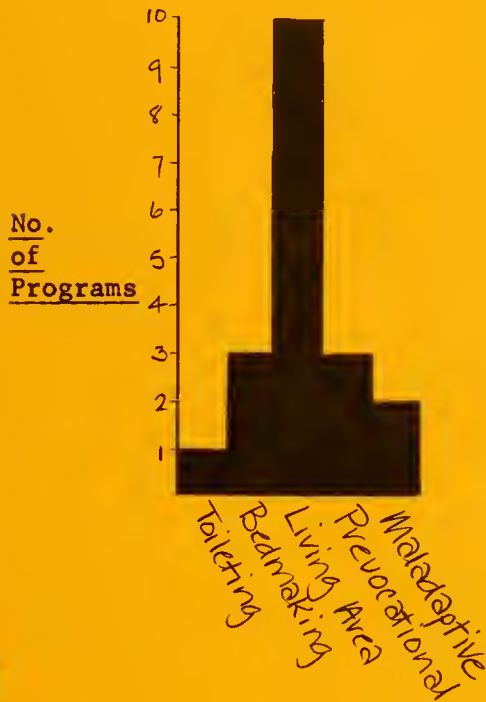
Type of Program

Total programs: 15

Trainers:

Kathy Amaya, C-7
Penny Blackwood, C-7
Tom Kilmer, C-7
Maureen McCormick, C-7
Arnie Rosling, C-7
Allana Semmens, C-7
Dalman Stevens, C-7
C. Wrzesinski, C-7

Contact: Jan Mackay
ext. 216

UNIT IVType of Program

Total programs: 19

Trainers:

Alma DeMers, C-15
 Jim Hunt, C-4
 Mike Hunt, C-5
 Rick Mitchell, C-4
 Marilyn Nadeau, C-4
 Bill Peck, C-4
 Billie Rudolph, C-5
 Alice Saari, C-15

Contact:

Patty Hathaway
 Jack Hursh
 Ted Siverts
 ext. 220

UNIT V

No.
of
Programs

Type of Program

Total programs: 9

Trainers:

Margaret Brown, C-14
 Alex Cameron, C-14
 Alvina Christianson, C-14
 John Morgan, C-9

Contact: Patty Hathaway
 ext. 220

UNIT VI

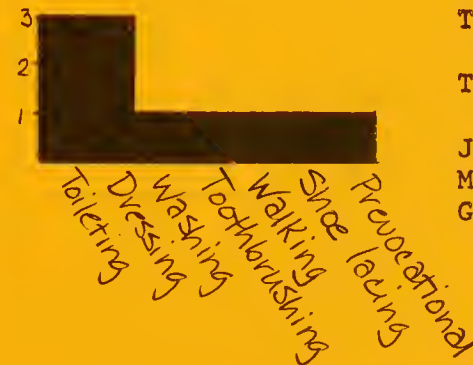
None reported.

Contact:

Ron Langworthy
 ext. 222

UNIT VII

No.
of
Programs

Type of Program

Total programs: 11

Trainers:

Jerry Blackburn, C-11
 Mary Lee Norris, C-11
 Georgia Rogers, C-11

Contact:

John Dineen
 ext. 282



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Vol. I No. 24

August 9, 1973

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TITLE I IS FUNDED

For the last several months the BeMod staff has felt rather shakey about their position at BRS&H and Eastmont Training Center because of the unsure status of Title I as a federal grant. During this time we wrote letters and sent information about our project to Representatives Melcher and Shoup and Senators Mansfield and Metcalf soliciting their support in Congress of the Title I grant. We are now happy to relate that our grant has been funded for another year, and we wish to extend our gratitude to these men for their support.

Due to the increased funding this year, we will be able to hire several more BMS's. People interested in applying for a BMS position must have a bachelor's degree, preferably in Psychology, and preferably with some experience in BeMod. The position pays a starting salary of \$642-\$698 per month, depending on one's experience. There will also be openings for persons with master's degrees in Psychology (starting salary \$859-\$932 per month) and possibly a Ph.D. Psychologist with a strong background in statistics, experimental design and evaluation procedures in general. Interested persons should contact Dr. Richard Swenson, Boulder River School and Hospital, Boulder, Montana.

DINEEN IS ACCEPTED AT U. OF K.

John Dineen, Supervisor of Training in Unit 7, has accepted a position in the Master's Degree Program in the Department of Human Development at the University of Kansas. He'll be working at the Johnny Cake Child Study Center near Mansfield, Arkansas, under Drs. Todd R. Risley and Hughett Clark. The study of behavior management in open classrooms will be the

main emphasis of his work. John and his wife, Cheryl, a lab technician in the hospital, will be leaving BRS&H on the 17th of this month. Good luck, John!

OCT 29 1973

MCCARTY IS NEW SUPERINTENDENT

Keith McCarty, currently Chief of Paramedical Services, has accepted the position of Acting Superintendent at Boulder River School and Hospital. He will replace Bob Perry on August 25.

WINNERS OF AUGUST 3 DRAWING

Terry Godfrey	Unit I
Kathy Amaya	Unit III
Connie Wrzesinski	Unit III
Marilyn Nadeau	Unit IV
Brent Rast	Unit I
Richard Mitchell	Unit IV
Marlene O'Donnell	Unit IV
Alice Saari	Unit IV
Alex Cameron	Unit V
Georgia Rogers	Unit VII

Robert M. Perry, Superintendent
Keith McCarty, Chief, Paramedical Services

Richard P. Swenson, Ph.D., Director, Title I
Barbara Holum, Editor

11

PROGRAM GRADUATIONS SINCE JUNE 1970

The following data, compiled by the Data Analysis Lab, illustrate changes in the relative effectiveness of behavior modification programming at BRS&H. Table 1 represents by unit the number of program graduations in each grant year. Figure 1 expresses these program graduations in percentages for each historical period. Programs that were terminated because criterion performance was achieved were

counted as program graduations.

While the total number of programs initiated in the last period has decreased, the percentage of these programs terminating successfully has increased. Unfortunately, many programs are not carried through to completion due to employee and patient transfers, employee termination and trainers simply losing interest in their program. One concern of the Data Analysis Lab is to analyze what conditions account for program termination.

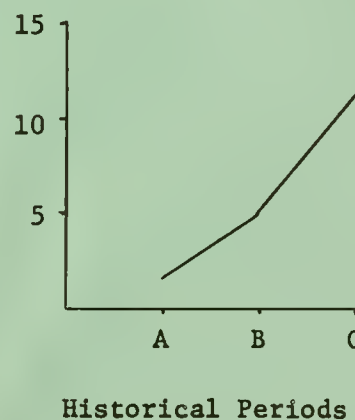
TABLE 1

Number of Program Graduations
in Historical Periods

Group	Historical Period				Total
	A	B	C	NP	
Unit I	6	0	2	0	8
Unit II	1	1	1	0	3
Unit III	2	9	0	0	11
Unit IV	2	12	14	0	28
Unit V	2	7	16	0	25
Unit VI	0	0	0	1	1
Unit VII	0	15	8	0	23
Placement ^b	<u>2</u>	<u>7</u>	<u>0</u>	<u>0</u>	<u>9</u>
Total	15	51	41	1	108

FIGURE 1

Percentage of Programs Graduated
in Periods A, B and C^c



Notes: ^aHistorical periods refer to:

Period A: June 1970-September 1971

Period B: September 1971-September 1972

Period C: September 1972-September 1973

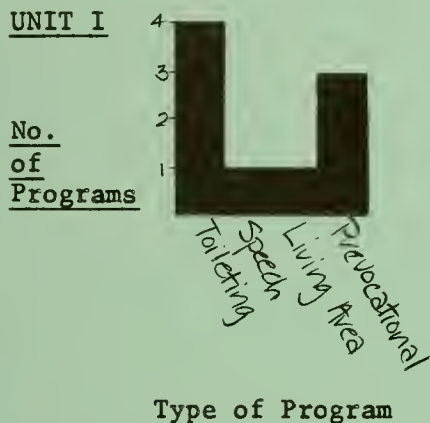
NP: Graduations not dated

^bPlacement refers to patients who received behavior modification services at BRS&H but who are no longer here.

^cPrograms: Period A N = 687
Period B N = 1,056
Period C N = 351

TRAINING PROGRAMS BY ATTENDANT COUNSELORS

Based on the names submitted by each BMS, the following is a representation of the number and type of programs conducted in each unit during the week of July 27 to August 2:



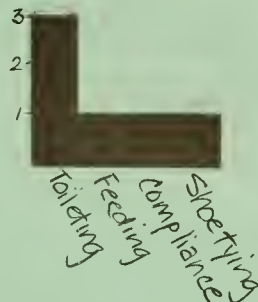
Total programs: 9

Trainers: Mary Ann Dale, C-1
Terry Godfrey, C-2
Brent Rast, C-2
Bev Stoner, C-1

Contact: Kathy Byrne
ext. 218

UNIT II

No.
of
Programs



Total programs: 6

Trainers:

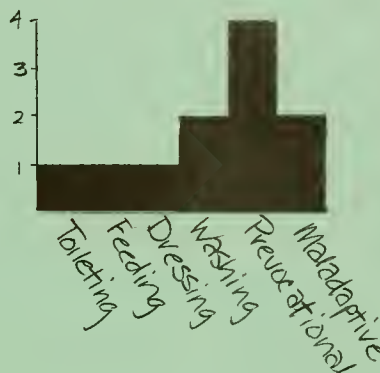
Alma Adams, C-13
Montana Ham, C-6
Phyllis Hartfield, C-6
Helen Munson, C-6

Contact:

Nancy O'Hara
ext. 267

UNIT III

No.
of
Programs



Total programs: 11

Trainers:

Kathy Amaya, C-7
Penny Blackwood, C-7
Maureen McCormick, C-7
Arnie Rosling, C-7
Allana Semmens, C-7
Connie Wrzesinski, C-7

Contact:

Jan Mackay
ext. 216

UNIT IV

No.
of
Programs



Total programs: 18

Trainers:

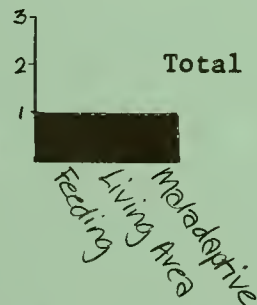
Cottage 15 Staff
Alma DeMers, C-15
Richard Mitchell, C-4
Marilyn Nadeau, C-4
Marlene O'Donnell, C-4
Billie Rudolph, C-5
Alice Saari, C-15
Melba Shink, C-5

Contact:

Patty Hathaway
ext. 220

UNIT V

No.
of
Programs



Total programs: 3

Trainers: Alex Cameron, C-14
Alvina Christianson, C-14

Contact: Patty Hathaway
ext. 212

UNIT VI

No.
of
Programs



Type of Program

Total programs: 1

Trainer:

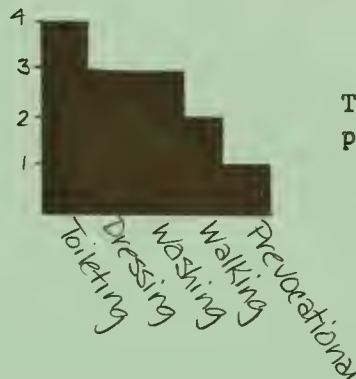
Jim Bower, 16C

Contact:

Ron Langworthy
ext. 222

UNIT VII

No.
of
Programs



Type of Program

Total
programs: 13

HOW TO WRITE NEW PROGRAMS

For most self-help skills, effective training programs have already been written. There are occasions, however, when you may want to teach a more advanced or an unusual skill to someone; i.e., putting on a leg brace or applying makeup. The following are general guidelines in writing new programs. These are outlined in the Managing Behavior series published by H&H Enterprises, P.O. Box 3342, Lawrence, Kansas.

1. Be specific in stating the target behavior. State the skill as "cutting fingernails," rather than "good grooming."
2. List the series of small steps which comprise the target behavior. The actual number of steps will vary depending on the complexity of the skill. A program to teach zipping may have three or four steps while a program to teach girls to put makeup on may have more than ten separate steps.
3. Arrange the steps in logical sequence from the beginning to end. The proper order for the steps of the cutting fingernails program would be:
 - a. Place the handle of scissors in thumb and forefinger of right hand.
 - b. Place edge of scissor's blade on either side of thumbnail of left hand.
 - c. Cut nail of thumb about 1/16" from tip.

Trainers: Bill Cantella, C-11
Margaret Olson, C-11
Georgia Rogers, C-11
Brenda Sanddal, C-11

Contact: John Dineen
ext. 280

- d. Cut all fingernails on left hand.
- e. Place the handle of scissors in thumb and forefinger of left hand.
- f. Cut all nails on right hand.

4. Establish an appropriate criterion level for advancement from step to step and for graduation. State how many times the child must perform the step successfully in a given amount of time. A child can often perform the steps of the advanced skills more quickly than the basic self-help skills. Thus, you may require a shorter time period in which to perform the step successfully. The criterion level for the sample fingernail program might be: 10 successes in five minutes for two consecutive sessions. For steps c, d, and f of the fingernail program you would need a piece of plastic or cardboard to cut repeatedly.

After the program is written you may need to add, delete, or rewrite certain steps based on your experience in teaching.

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Boulder Behaviorist

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Boulder River School and Hospital
Boulder, Montana 59632

Vol. I No. 23

August 2, 1973

WINNERS OF JULY 27 DRAWING

Marlene O'Donnell	Unit IV
Kathy Napier	Unit III
Billie Rudolph	Unit IV
Jerry Blackburn	Unit VII
Mrs. Kuster	Unit I
Alma Adams	Unit II
Bev Stoner	Unit I
Bill Cantella	Unit VII
Monica Cox	Unit IV
Mrs. Grove	Unit I

OCT 29 1974

STATE DOCUMENTS

ATTENDANT TRAINING SINCE MARCH 2, 1973

The following figure represents the total number of training programs conducted by Attendant Counselors each week since the Attendant Incentive System was started on March 2, 1973. These numbers were derived from the weekly reports of training programs submitted by the BMSs assigned to each unit.

To have his or her name submitted for publishing and to be eligible to win prizes, an Attendant Counselor must have met any one of the following conditions during the preceding week:

- 1) conducted a training program on five consecutive days as evidenced by the data;
- 2) graduated a patient one step in a program;
- 3) graduated a patient from a program; and/

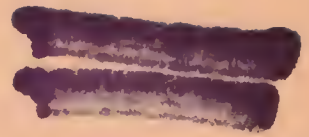
or finally,

- 4) started a new program.

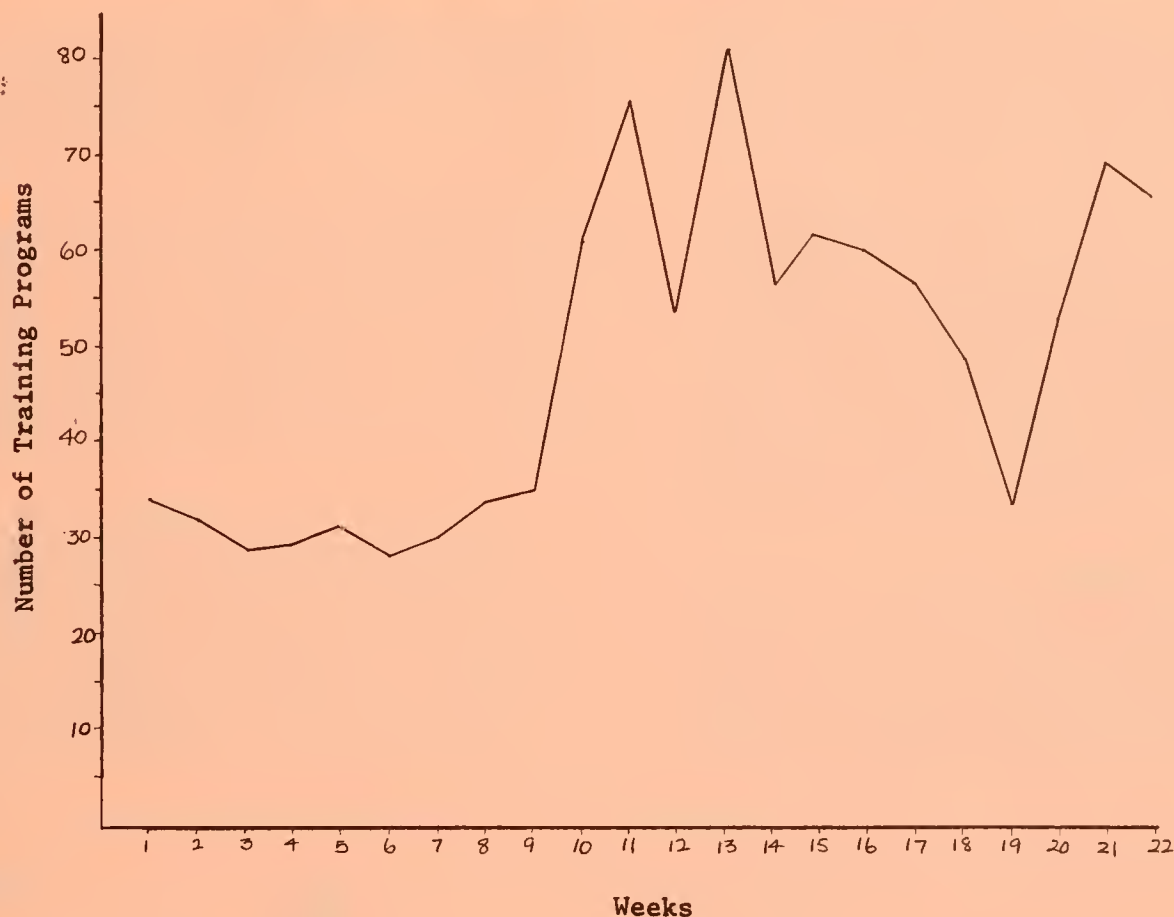
An attendant's name was entered into the weekly drawing for prizes as many times as conditions he'd met.

The graph indicates a significant increase in the number of training programs by Attendant Counselors after the 9th week. The drop in the 19th week is accounted for by the sudden discontinuation of all ongoing training programs in Cottage 15. This was the week following the mass transfer of all Cottage 15 patients to Cottage 11.

On week 21 the awarding of prizes was temporarily suspended, allowing time for evaluation of the incentive program and the collection of new prizes. It remains to be seen what effect this prize lag will have on the number of training programs run by Attendant Counselors.



TRAINING PROGRAMS BY ATTENDANT COUNSELORS

INDIVIDUALIZED DATA BASE

by Sanford Hostetter, Research Analyst

In the past decade, the mode of treatment and care for the mentally retarded has drastically changed. The institution used to be one of the few places where comprehensive care of some nature was given to the mentally retarded. Few services on a community basis were available.

Today the situation is completely different. The emphasis is now on community care. Fewer people are being institutionalized today and many people now in institutions are being placed in the community and are receiving community services.

One consequence of this is the dispersal of the mentally retarded. The more dispersed these people become, the less we know about them. While data on people in institutions is good, data on people in communities is scarce or frequently nonexistent. The purpose of Individualized Data Base (IDB) is to learn more about what happens to the retarded in the community where they live, what sorts of services they receive and how all of these influence their behavioral development.

In an attempt to gather these data, the state of Montana, along with four other western states, is participating in the Individualized Data Base Project. The pro-

ject is a five-year tracking program funded by a Developmental Disabilities grant and is coordinated from Pacific State Hospital in Pomona, California.

In Montana, the Boulder River School and Hospital and the Division of Rehabilitative Services are presently participating in the system. It is our goal to have all state agencies now providing services to developmentally disabled persons (i.e., the mentally retarded, epileptics and those with cerebral palsy) participating in the system in the near future.

On a monthly basis, each state agency participating in the project submits a variety of material to the IDB Center in California. On any new client, the material includes background information, a service plan, objectives, any change in his living plan or in the services the client receives. In addition, an

AAMD Adaptive Behavior Scale designed to assess behavioral development is submitted each year along with a new service plan and new objectives for the client.

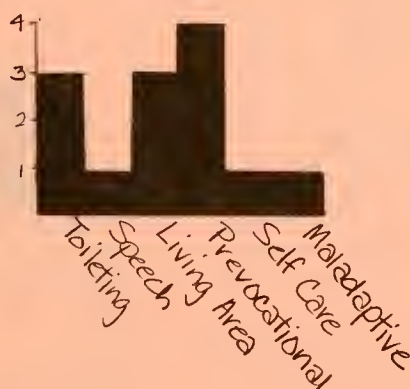
In addition to the data that should show what happens to a client in the community, IDB will provide each participating agency with material beneficial for evaluating the particular services they offer. IDB should provide them with data that can be used in future planning. Eventually it should also provide agencies with the ability to do a meaningful cost-benefit analysis of their services.

TRAINING BY ATTENDANT COUNSELORS LAST WEEK

Based on the names submitted by each BMS, the following is a representation of the number and type of programs conducted in each unit during the week of July 20-26:

UNIT I

No.
of
Programs



Type of Program

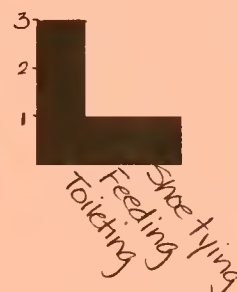
Total programs: 13

Trainers: Mary Ann Dale, C-1
Terry Godfrey, C-2
Mrs. Grove, C-1
Mrs. Kuster, C-12
Brent Rast, C-2
Bev Stoner, C-1

Contact: Kathy Byrne
ext. 218

UNIT II

No.
of
Programs

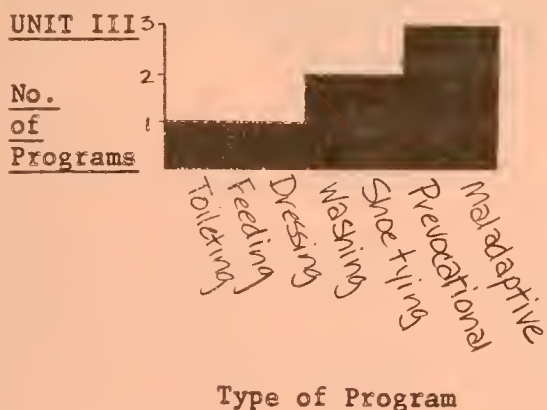


Type of Program

Total programs: 5

Trainers: Alma Adams, C-13
Montana Ham, C-6
Helen Munson, C-6

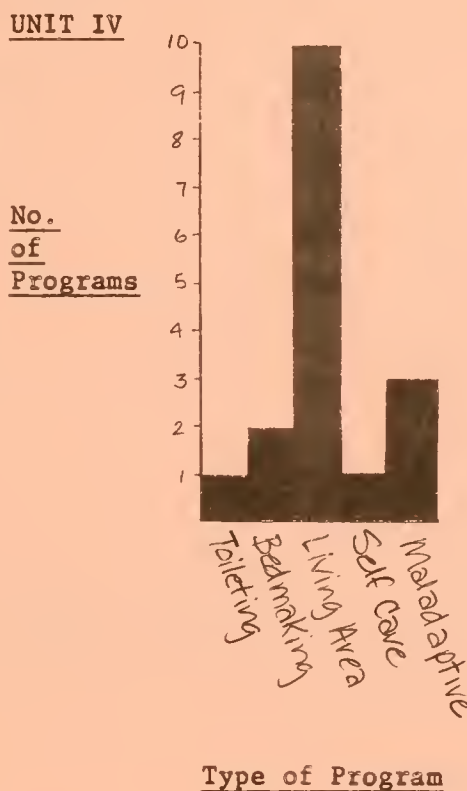
Contact: Nancy O'Hara
ext. 267



Total programs: 13

Trainers: Kathy Amaya, C-7
 Penny Blackwood, C-7
 Maureen McCormick, C-7
 Kathy Napier, C-7
 Arnie Rosling, C-7
 Allana Semmens, C-7
 Delman Stevens, C-7
 Connie Wrzesinski, C-7

Contact: Jan Mackay
 ext. 216

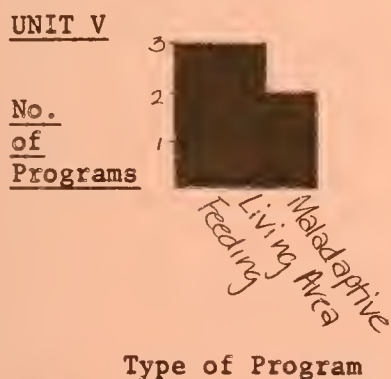


Trainers:

Monica Cox, C-15
 Alma DeMers, C-15
 Norma Johnson, C-4
 Richard Mitchell, C-4
 Marlene O'Donnell, C-4
 Billie Rudolph, C-5
 Alice Saari, C-15
 Melba Shink, C-5

Total programs: 17

Contact: Patty Hathaway
 Jack Hursh
 Ted Siverts
 ext. 220 or
 212

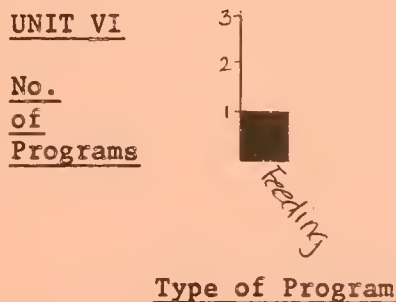


Total programs: 8

Trainers:

Margaret Brown, C-14
 Alex Cameron, C-14
 Elvina Christianson, C-14

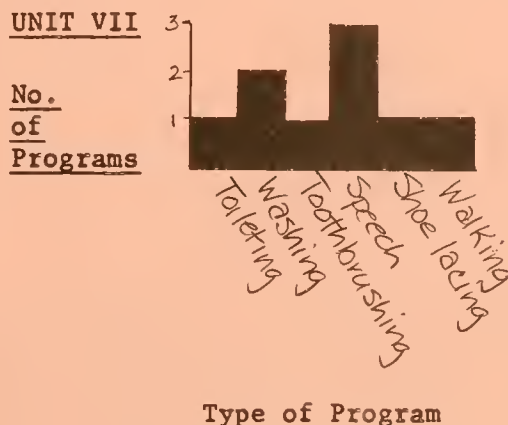
Contact: Patty Hathaway
 ext. 212 or 220



Total programs: 1

Trainer: Jim Bower, 16C

Contact: Ron Langworthy
 ext. 222



Trainers:

Jerry Blackburn, C-11
 Bill Cantella, C-11
 Mike Dalin, C-11
 Debbie Fulford, C-11
 Georgia Rogers, C-11
 Brenda Sanddal, C-11

Total programs: 9

Contact: John Dineen
 ext. 282 or 222

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Boulder Behaviorist

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Vol. I No. 22

Boulder River School and Hospital
Boulder, Montana 59632

July 26, 1973

COLLECTED WITH
PERIODICALS

WINNERS OF JULY 20 DRAWING

Ray Rashleigh	Unit IV
Margaret Brown	Unit V
Kathy Amaya	Unit III
Monica Cox	Unit IV
Bob Abbott	Unit V
Mrs. Kuster	Unit I
Allana Semmens	Unit III
Karen Wheeler	Unit IV
Alma Adams	Unit II
Marlene O'Donnell	Unit IV

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WORKSHOP TO BE HELD IN ILLINOIS

The Fifth Annual Midwestern Behavior Modification Technology Workshop will be held September 30-October 3, 1973, at the Chicago Regency. For further information, contact Joan F. Bassinger, M.D., Behavior Modification Technology, Box 597, Libertyville, Illinois 60048. Telephone (312) 367-0606.

M.B. WALKS AGAIN

M.B. in Cottage 7 is walking completely by himself again after have lost the skill for about 6 weeks. When M.B. returned to the cottage after a month long stay in the hospital, he wouldn't stand up, much less walk. Because his knees would collapse when he was placed on his feet, M. was either carried by the staff

or pushed in a wheelchair.

Several staff members began a walking program on M.B. whereby one trainer stood behind and another trainer stood in front of him as he gradually began walking. As his ambulation improved, he was taken for walks outside. During these initial exercises, M.'s knees would collapse as many as 15 times per session. Undaunted by this however, the staff persisted in walking M. until today, only several weeks later, M. walks completely unassisted. Responsible for this success are Connie Wrzesinski, Penny Blackwood, Rennie Wells and Jan Mackay.

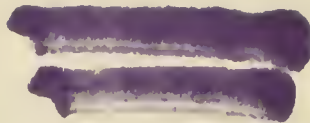
ADVICE COLUMN

Dear B.B.,

In non-ambulatory there is a patient who

Robert M. Perry, Superintendent
Keith McCarty, Chief, Paramedical Services

Richard P. Swenson, Ph.D., Director, Title I
Barbara Holum, Editor



has been engaged in a physical therapy program. Six months ago he had severely calcified joints. During the first months of the program he went through a lot of pain. As a result he cried and cried. Now although we have been assured he has no or very little pain, he continues to scream whenever touched or moved in any way. Is there anything we can do to extinguish this behavior? He does not move himself at all.

Wants to help

Dear Wants,

This patient cries because he's been conditioned to associate physical contact and body movement with pain. To extinguish this crying response you would pair his being touched or moved with something pleasurable. Start by tickling, massaging and gently touching him. Don't initially move his limbs. In several weeks his crying response to physical contact should be eliminated. Then gradually begin to include slight movement of his limbs. If possible, work with a body area that was not part of the physical therapy program. Following each motion exercise, reward him with much praise and something special.

As he gains confidence that movement is not a painful but a pleasant thing, you can gradually increase the range of motion.

Preventing calcification from reoccurring by insuring his joints are exercised is naturally very important. Even though he doesn't initiate any body movement himself at this point, it is possible that such a goal could be attained (assuming there are no irreversable physical problems which would prevent this) if body motion repeatedly led to rewards. For example, if he is a music lover, attaching the string from a musical toy to his hand or foot would strongly reinforce him for moving his limbs. Ultimately body motion would be naturally reinforced by the increased sensory input and stimulation that accompanies body movement.

TRAINING BY ATTENDANT COUNSELORS

Based on the names submitted by each BMS, the following is a representation of the number and type of programs conducted in each unit during the week of July 13-19. The symbols indicate the trainer of each program.

UNIT I

No.
of
Programs



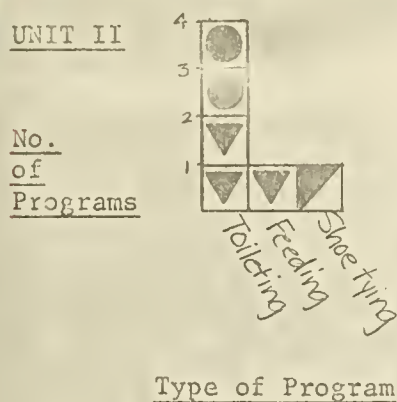
Type of Program

Trainers:

- ☒ Mary Ann Dale, C-1
- ☒ Mrs. Kuster, C-12
- ☒ Bev Stoner, C-1

Total programs: 7

Contact: Kathy Byrne
ext. 218

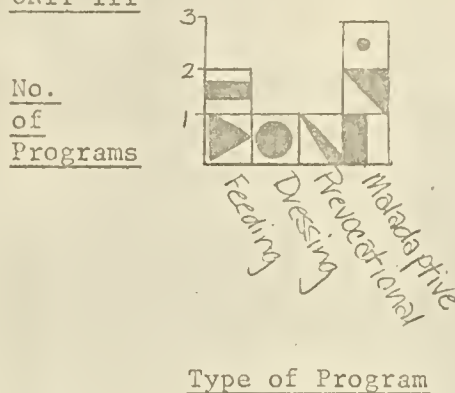
UNIT II

Total programs: 6

Trainers:

- Alma Adams, C-13
- Montana Ham, C-6
- Betty Penner, C-6

Contact: Nancy O'Hara
ext. 267

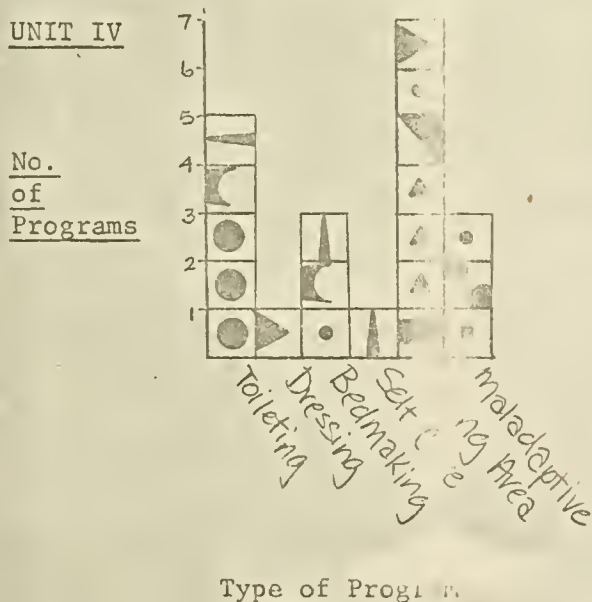
UNIT III

Total programs: 7

Contact: Jan Mackay
ext. 222

Trainers:

- Kathy Amaya, C-7
- Penny Blackwood, C-7
- Maureen McCormick, C-7
- Kathy Napier, C-7
- Arnie Rosling, C-7
- Allana Semmens, C-7
- Connie Wrzesinski, C-7

UNIT IV

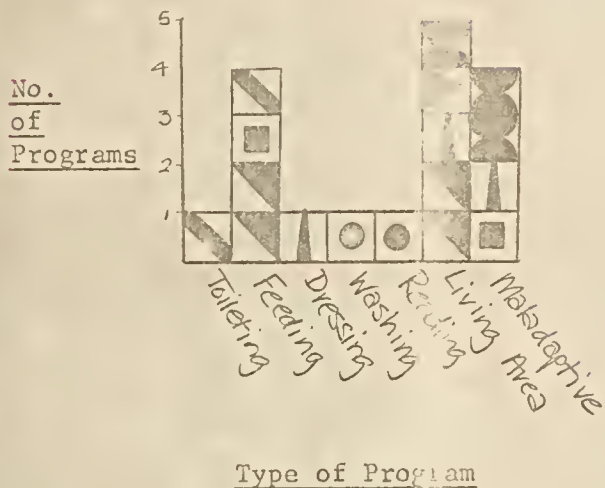
Total programs: 20

Contact: Patty Hathaway
Jack Hursh
Ted Siverts
ext. 220 or 212

Trainers:








- Monica Cox, C-15, C-4
- Alma DeMers, C-15
- Norma Johnson, C-4
- Richard Mitchell, C-4
- Marlene O'Donnell, C-4
- Ray Rashleigh, C-5
- Billie Rudolph, C-5
- Gary Rudolph, C-5
- Alice Saari, C-15
- Melba Shink, C-5
- Karen Wheeler, C-15, C-4

UNIT V



Total programs: 17

Trainers:

-  Bob Abbott, C-14
-  Margaret Brown, C-14
-  Alex Cameron, C-14
-  Elvina Christianson, C-14
-  John Morgan, C-9
-  Dave Voss, C-9
-  Jeri Yother, C-14

Contact: Patty Harloway
Jack Harsh
Ted Sivert
ext. 220 or 212

UNIT VI


No. of Programs



Type of Program

Total programs: 1

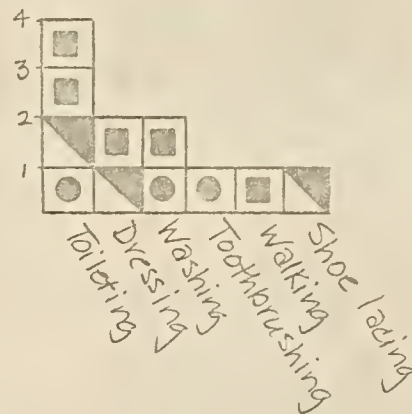
Trainer:

 Jim Bower, 16C

Contact: Ron Langworthy
ext. 222

UNIT VII




No. of Programs



Type of Program

Total programs: 11

Trainers:

-  Jerry Blackburn, C-11
-  Margaret Olson, C-11
-  Brenda Sanddal, C-11

Contact: John Dineen
ext. 282

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Vol. I No. 21

Boulder River School and Hospital
Boulder, Montana 59632

July 19, 1973

WINNERS OF JULY 13 DRAWING

Sandy Fulton	Unit I	\$5.00 credit on dinner
Debbie Fulford	Unit VII	Chicken or shrimp dinner
Melba Shink	Unit IV	Subscription to <u>Boulder Monitor</u>
Alma Adams	Unit II	Chicken or shrimp dinner
Mrs. Grove	Unit I	Classified ad in <u>Boulder Monitor</u>
Mrs. Kuster	Unit I	Cologne
Howard Christianson	Unit VII	Slippers
Karl Hüsing	Unit VII	Dinner

STATE DOCUMENT

CONTRIBUTORS

Abel's Conoco Service, 330-11th	Helena
Ben Franklin Store	Helena
Boulder Cash Grocery	Boulder
Boulder Monitor	Boulder
Brackman's Food Market	Helena
Cabin Bar	Basin
Circus Twin Theatre	Helena
Colonel Sanders Chicken	Helena
Colonial Hilton	Helena
Dairy Queen	Helena
Diamond S Ranchotel	Boulder
Dot's Spot	Boulder
First National Insurance	Boulder
Gambles	Boulder
J.C. Penneys	Helena
Jorgenson's Holiday Inn	Helena
Marilyn's Drive-Inn Cafe & Bar	Boulder
Owl Bar	Boulder
Paul's Professional Pharmacy 2225-11th	Helena
Pizza Hut	Helena
Sleeping Giant Lodge	Helena
Suds Hut	Helena
Tempo Department Store	Helena
Terry's Convenient Foods	Helena
The Globe	Helena
Western Drug	Helena
Windsor Bar	Boulder

PRIZES ARE DISCONTINUED TEMPORARILY

Due to a temporary lag in receiving prizes for the Attendant Incentive Program, we will continue to weekly draw and publish the names of winners, but they will receive no prizes for awhile.

TRAINING BY ATTENDANT COUNSELORS

Based on the names submitted by each BMS, the following is a representation of the number and type of programs conducted in each unit during the week of July 6 to 26:

UNIT I

No.
of
Programs



Type of Program

Robert M. Perry, Superintendent
Keith McCarty, Chief, Paramedical Services

Richard P. Swenson, Ph.D., Director, Title I
Barbara Holum, Editor

11

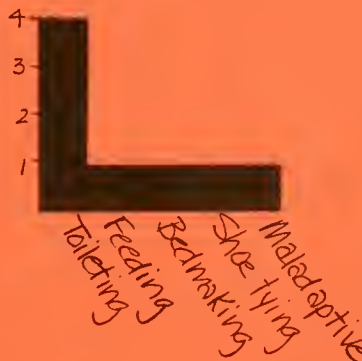
UNIT I (Continued)

Trainers: Mary Ann Dale, C-1
Sandy Fulton, C-2
Mrs. Grove, C-1
Mrs. Kuster, C-12
Brent Rast, C-2
Bev Stoner, C-1

Contact: Kathy Byrne
ext. 218

UNIT II

No.
of
Programs



Total programs: 8

Trainers:

Alma Adams, C-13
Cottage 13 Staff
Montana Ham, C-6
Betty Penner, C-6

Contact: Nancy O'Hara
ext. 267

UNIT III

No.
of
Programs



Type of Program

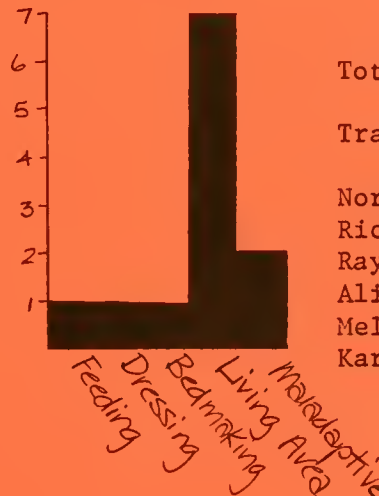
Total programs: 7

Trainers: Kathy Amaya, C-7
Maureen McCormick, C-7
Kathy Napier, C-7
Arnie Rosling, C-7
Allana Semmons, C-7
Connie Wrzesinski, C-7

Contact: Jan Mackay
ext. 222

UNIT IV

No.
of
Programs



Type of Program

Total programs: 12

Trainers:

Norma Johnson, C-4
Richard Mitchell, C-4
Ray Rashleigh, C-5
Alice Saari, C-15
Melba Shink, C-5
Karen Wheeler, C-4

Contact: Patty Hathaway
ext. 220

UNIT V

None reported.

Contact:

Patty Hathaway
ext. 220

UNIT VI

None reported.

Contact:

Ron Langworthy
ext. 222

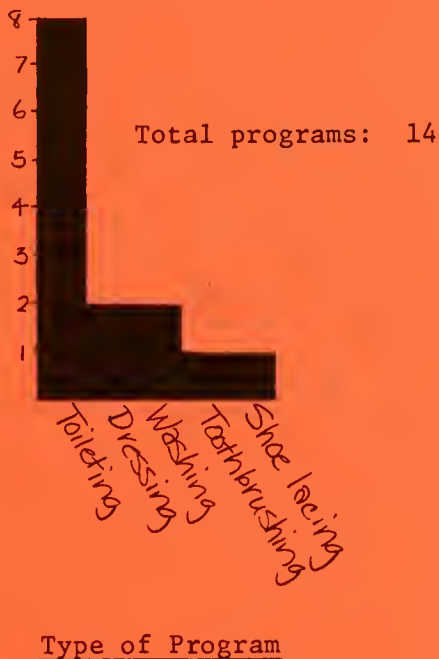
UNIT VII

Trainers: Jerry Blackburn, C-11
Howard Christianson, C-11
Debbie Fulford, C-11
Karl Hüsing, C-11
Brenda Sanddal, C-11

Contact: John Dineen
ext. 282

UNIT VII

No.
of
Programs



other people.

To do this, you would set up regular training sessions in which Bill, the patient and another attendant were present. First take baseline on how often the patient responds correctly (complies without assistance) to four basic commands that Bill gives. Also record how often she responds correctly to the same commands when given by the other attendant. The commands could be "Look at me," "Come here," "Stand up" and "Sit down."

Assuming the patient responds differentially (that is, she complies to all commands given by Bill and does not comply to those given by the other attendant), you would then work on getting her to respond to commands given by the other attendant who should give the same set of commands used during baseline. When the patient doesn't comply to a command, the other attendant should offer a gestural prompt (motion the correct response) and then if necessary, a physical prompt (physically assisting the patient to comply). Bill's function is to be there and help the other attendant reinforce the patient when she does respond, whether she required assistance or not. The two attendants should simultaneously praise, hug and perhaps give a goodie to the patient. In this way the patient will be striving to earn Bill's approval and will be learning that it pays off to respond to other people besides Bill. In addition, pairing Bill and the other attendant together as a reinforcing event will help make the other attendant as reinforcing to the patient as Bill initially was.

It would probably be wise to gradually fade Bill out of the situation by involving him less and less in the reinforcement activity as well as having him stand farther away from the trainer and child until he is out of the room completely.

When the patient's rate of compliance to the other attendant has reached criterion (defined perhaps as responding correctly at 100% over 3 consecutive sessions), a new attendant could be introduced as the trainer. This time the other attendant could take Bill's place in helping to reinforce the

ADVICE COLUMN

Dear B.B.,

There is a girl in our cottage who gets all kinds of special attention when a certain attendant I'll call Bill is around. During periods of Bill's absence, she is reluctant to respond. If Bill is present and gives her a command, she is very eager to comply. In other words, Bill is showing favoritism and spoiling this girl. What would be the proper steps to extinguish this relationship without causing waves or causing the girl to regress?

Trying to unspoil spoiled-rotten

Dear Trying,

Why try to extinguish the relationship? Bill is in a very good position to effect some positive change in the patient. Since Bill is so reinforcing to the girl, he could probably teach her many new skills. The most important and first thing to teach her would be to respond to other people. In other words, you want her to generalize her compliance to

patient. The patient should reach criterion for this step of the program quickly. If so, then you might bring in a number of different people to give the same set of commands. If at this point the patient's performance falters, you'll have to advance in the program at a slower pace and possibly define an intermediate easier step. In any event, the program can be determined to be successful and complete when the patient complies to commands given by new people.

Bill's relationship with the patient need not be a handicap to the patient. He can be very instrumental in helping to broaden her positive experiences with other people.

QUALITY OF B.M. PROGRAMS IMPROVES

The following graph reflects general trends in the type of behavior modification programming at Boulder River

School and Hospital. Behavior modification programs (B. Mod. on figure) are programs which have well specified target behaviors and systematic procedures. Token programs are programs which employ the use of tokens or merit cards as reinforcers. An activity program is defined as any program: 1) lacking a systematic procedure, or 2) lacking a target behavior.

The historical periods A, B, and C refer to:

Period A: June 1970-Sept. 1971 N= 688

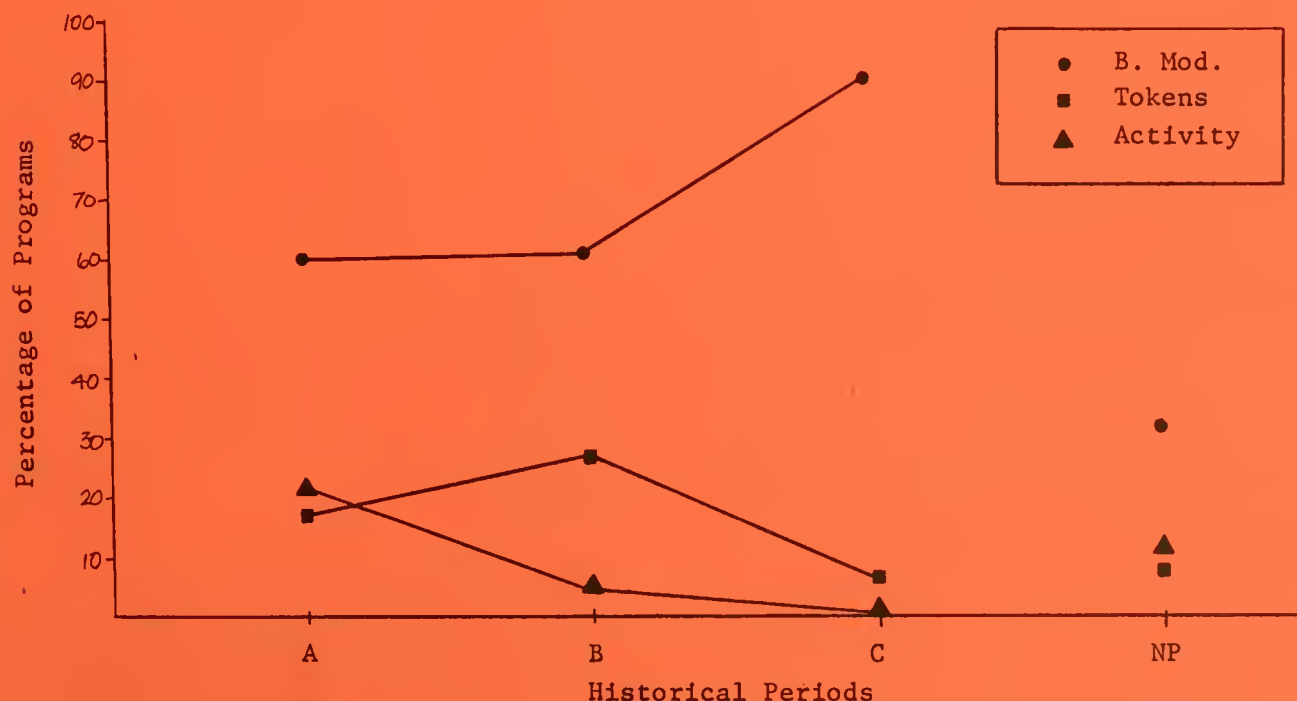
Period B: Sept. 1971-Sept. 1972 N= 1,052

Period C: Sept. 1972-Sept. 1973 N= 347

NP: Undated programs N= 214

Total 2,301

Although the total number of programs has decreased in the last period, the percentage of systematic programs with well specified target behaviors has increased.



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The Boulder Behaviorist

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STATE DOCUMENTS

Boulder River School and Hospital
Boulder, Montana 59632

Vol I. No. 20

July 12, 1973

WINNERS OF JULY 6 DRAWING

Karen Wheeler	Unit IV	\$5.00 credit on dinner
Betty Penner	Unit II	Dinner
Sandy Fulton	Unit I	Classified ad in <u>Boulder Monitor</u>
Bev Stoner	Unit I	Chicken or shrimp dinner
Jeff Brodnick	Unit IV	Subscription to <u>Boulder Monitor</u>
Norma Johnson	Unit IV	Chicken or shrimp dinner

OCT 29 1974

CONTRIBUTORS

Abel's Conoco Service, 330-11th	Helena
Ben Franklin Store	Helena
Boulder Cash Grocery	Boulder
Boulder Monitor	Boulder
Brackman's Food Market	Helena
Cabin Bar	Basin
Circus Twin Theatre	Helena
Colonel Sanders Chicken	Helena
Colonial Hilton	Helena
Dairy Queen	Helena
Diamond S Ranchotel	Boulder
Dot's Spot	Boulder
First National Insurance	Boulder
Gambles	Boulder
J.C. Penneys	Helena
Jorgenson's Holiday Inn	Helena
Marilyn's Drive-In Cafe & Bar	Boulder
Owl Bar	Boulder
Paul's Professional Pharmacy 2225-11th	Helena
Pizza Hut	Helena
Sleeping Giant Lodge	Helena
Suds Hut	Helena
Tempo Department Store	Helena
Terry's Convenient Foods	Helena
The Globe	Helena
Western Drug	Helena
Windsor Bar	Boulder

WORKSHOP TO BE HELD IN ILLINOIS

The Fifth Annual Midwestern Behavior Modification Technology Workshop will be held September 30-October 3, 1973, at the Chicago Regency. For further information, contact Joan F. Bassinger, M.D., Behavior Modification Technology, Box 597, Libertyville, Illinois 60048. Telephone (312) 367-0606.

GROUP ACTIVITIES ARE FUN AND VALUABLE

Planning activities in which your whole group can participate is one of the most effective ways to reach the most number of people in the shortest time. Behavior Tech Comix from Fairview State Hospital in Costa Mesa, California, recently offered some good suggestions on group activities:

1. Have the patients pass an object around. Instruct by saying, "Hubert, give the bean bag to Teddy." Wait for Hubert to respond then help him if necessary and reinforce him. Similarly, instruct Teddy to give the bean bag to someone else. Remember to use the same command to eliminate confusion as to what you want.

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2. Have each patient come to you for his instructions. Whisper in his ear the name of the person to whom he will give the bean bag. Instructions in the form of "secrets" will make the game more fun.

3. Put an empty box or bucket in the center of the group and have the patients take turns throwing the bean bag into it. You can start using a smaller box or increasing the throwing distance as your group gains skill in hitting the target.

4. Fill a box with common objects. Pick one out at a time and ask someone in the group what it is. Reinforce approximations to the correct response.

5. Teach body identification by saying, "Dickie, show me your nose." Have each person respond individually then instruct them to point out each other's noses, "Dickie, show Teddy his nose." And then, "Let's all touch our noses."

6. Run races.

7. Pass out blocks of different colors. Ask the group, "Who has the red block?" When all colors have been claimed, instruct each person to "Put the block under the table." Give them practice in putting their blocks in, beside and on top of other objects.

8. Plan activities to music. Have your group march, drum and clap hands to the rhythm.

9. Plan sensory motor activities. Your recreation aide can demonstrate for you some good activities to promote motor coordination.

10. Any childhood game like drop-the-hankie, Simon says, London bridge and ring-around-the-rosie can be adapted to your group.

11. Have members of the group model skills they have (toothbrushing, hair combing, shoe lacing, etc.) to each other.

Naturally you would give lavish praise, encouragement and perhaps even edible reinforcement to those participating in the activities and you would gradually shape all the patients into responding correctly.

These activities would offer a great deal of enrichment to a daily routine. Besides eliminating the problem of boredom in the cottages, they would be fun for both the staff and the patients and would teach your group many skills. They would learn appropriate social and recreational skills, compliance to instructions, and motor coordination. In addition, their receptive speech would be greatly enlarged by learning the names of other patients, common objects, color and body identification and relational concepts. The next time you see your group sitting idle, rather than together for a fun learning experience.

ADVICE COLUMN

Dear B.B.,

The other day I was teaching a patient to tie her shoes and my supervisor interrupted the session by saying, "Don't bother with that--she'll just forget it. Besides, you're supposed to give all the patients in your group equal attention." Is my supervisor right?

Discouraged

Dear Discouraged,

No, the patient need not lose the skill. As we discussed in issue No. 17, a newly acquired skill must be maintained. This is done by making sure the patient uses the skill as much as a normal person would.

We referred the second part of your Supervisor's comment to Dick Heard, Assistant

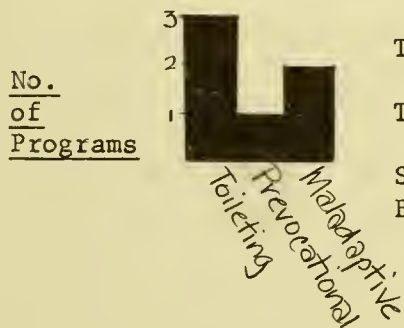
Director of Nursing Services. He responded with dismay that such a poor line of reasoning had been used by a supervisor. He explained that a severe shortage of cottage personnel sometimes necessitates suspending training programs for that day perhaps, but as a general statement of policy, the idea that training shouldn't be done because it involves "unequal attention" to patients is totally false.

The first priorities of your job as an Attendant Counselor are to insure the health, safety, and humane treatment of all patients in your group. After these necessities are met, any time remaining can be spent in training individual patients. And naturally those patients with the most urgent training needs should be top priorities.

TRAINING PROGRAMS BY ATTENDANT COUNSELORS

Based on the names submitted by each BMS, the following is a representation of the number and type of programs conducted in each unit during the week of June 29 to July 5:

UNIT I



Total programs: 6

Trainers:

Sandy Fulton, C-2
Bev Stoner, C-2

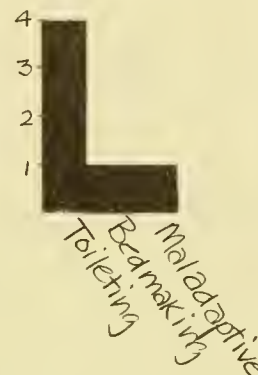
Type of Program

Contact: Kathy Byrne
ext. 218

George Siverts
ext. 218

UNIT II

No.
of
Programs



Type of Program

Total programs: 6

Trainers: Cottage 13 Staff
Montana Ham, C-6
Betty Penner, C-6

Contact: Nancy O'Hara
ext. 267

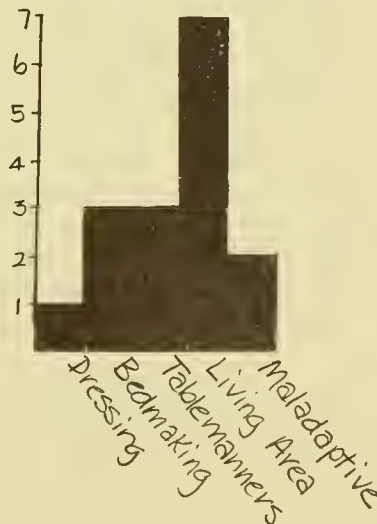
UNIT III

None reported.

Contact: Jan Mackay
ext. 222

UNIT IV

No.
of
Programs



Type of Program

UNIT IV (Continued)

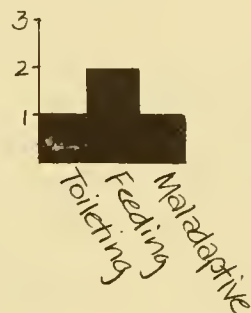
Total programs: 16

Trainers: Jeff Brodnick, C-15
 Monica Cox, C-15
 Normal Johnson, C-4
 Richard Mitchell, C-4
 Billie Rudolph, C-5
 Alice Saari, C-15
 Melba Shink, C-5
 Karen Wheeler, C-4

Contact: Patty Hathaway
 ext. 220

UNIT V

No.
of
Programs



Total programs: 5

Trainers:

Margaret Brown, C-14
 Jeri Yother, C-14

Type of Program

Contact: Patty Hathaway
 ext. 220

UNIT VI

None reported.

Contact:

Ron Langworthy
 ext. 222

UNIT VII

None reported.

Contact:

John Dineen
 ext. 282

SPOTLIGHT ON UNIT VI

by Ron Langworthy

Assistant Director of Title I

The problem of lack of staff, so evident in most areas of BRS&H, is critical in Unit 6, and as a consequence workers there have little time for training. Seldom do Attendant Counselors have only one ward to cover. They most often must cover several wards on one shift. Physical therapy utilizes be-mod techniques in Unit 6 whenever applicable. Bruce Whiting in P.T. will start this week on 2 shoe lacing, 1 feeding and a walking program.

Dan Wooley, Unit 6 Supervisor, indicates that a number of A.C.s have done excellent work as trainers in spite of the lack of time. Larry Jacobson has had success in a feeding program with P.C., Delores Redensek in a feeding program with J.M. and former employee Dale La-Fontaine worked wonders with L.E. Trainee Jim Bower shows exceptional promise as a trainer.

Two weeks from now on-the-job training in be-mod will begin for 4 hours each week for A.C.s in Unit 6. This training will emphasize every day use of be-mod techniques in the wards and will complement the 10 hours of be-mod trainees will have received in inservice training.

Wooley, commenting on training in his unit, said, "Even though they're working short, the enthusiasm is there. Remarkable progress is being shown in some areas. I'm happy with the employees I do have."

NOTES ON PERSONNEL CHANGES

You may have noticed some changes in the BMSs' unit assignments. Sanford Hostetter, formerly supervisor of training in Unit VII, is now working as Research Analyst for Individual Data Base. John Dineen, former BMS in Unit V, is now functioning as training supervisor in Unit VII. Filling John's role in Unit V is Patty Hathaway who will continue to serve Unit IV in a BMS capacity. Assisting Patty coordinate Units IV and V will be Jack Hursh and Ted Siverts.

Another personnel change will occur this Friday with the departure of Chryst Anderson who has been supervising compilation in the Data Analysis Lab. Replacing Chryst will be George Siverts, formerly a BMS in Unit I.

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The Boulder Behaviorist

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Vol. I No. 19

Boulder River School and Hospital
Boulder, Montana 59632

OCT 20 1974

July 5, 1973

WINNERS OF JUNE 29 DRAWING

Brent Rast	Unit I	Dinner
Rosie Wartner	Unit I	\$5.00 credit on dinner
Montana Ham	Unit II	Subscription to <u>Boulder Monitor</u>
Mary Ann Dale	Unit I	Six pack beer
Betty Penner	Unit II	Cologne
Bev Stoner	Unit I	Dinner
Alice Saari	Unit IV	Six pack beer
Richard Mitchell	Unit IV	\$5.00 credit on dinner
Monica Cox	Unit IV	Slippers
Terry Godfrey	Unit I	Cologne

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Dairy Queen
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Dot's Spot
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Gambles
J.C. Penneys
Jorgenson's Holiday Inn
Marilyn's Drive-In Cafe & Bar
Owl Bar
Paul's Professional Pharmacy
2225-11th
Pizza Hut
Sleeping Giant Lodge
Suds Hut
Tempo Department Store
Terry's Convenient Foods
The Globe
Western Drug
Windsor Bar

Helena
Helena
Boulder
Boulder
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Basin
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SPECIAL THANKS

We extend our appreciation to Mrs. L.A. Holum of Wolf Point, Montana, who sent hand knit slippers and cologne for prizes in the incentive program.

SPOTLIGHT ON UNIT IV

by Patty Hathaway, BMS

Behavior modification in Unit IV is in the process of reorganization because of our recent move. Twenty Medicaid eligible patients were moved to Cottage 15, which eliminated the overcrowded condition of Cottage 5. Within the next few weeks, with the support of Art LaSante, Unit IV Supervisor, the BM staff hopes to implement numerous new programs. Emphasis in Cottage 4 and 5 will be on training in self-help skills for the younger patients. In Cottage 15 emphasis will be on the training of skills such as grooming, living area, and table manners for the higher functioning patients.

At the present time, programs are being carried out by attendants, the recreation aide, the teacher in the school, a

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grandparent and the BM staff. The BM staff is especially proud of the total unit interest in behavior mod programs and hopes to expand this involvement.

Several attendants have been especially consistent in training. Alice Saari, for example, is continuing programs on two patients who moved to Cottage 15. One is a maladaptive program for J.R.'s clothes tearing and the other is a bedmaking program. Several weeks ago, Norma Johnson began a living area program that is now in the maintenance stage. Mrs. Johnson is also doing a program using a star chart in which G.L. is rewarded with a call to his parents if he has earned 80% of the possible stars in a week. Karen Wheeler is carrying out a living area program, a dressing program and a daily task program. Monica Cox and Billie Rudolph are each doing a bed-making program.

Gary Yungheim, the recreation aide, is doing a hand and face washing program on B.W. Mrs. Morgan, a foster grandparent is doing a feeding program on C.H. Charlotte Sanddal, Unit IV social worker, is taking baseline data on L.W.'s office visits.

An attendant from the hospital, Sandy Eller, has taken special interest in a patient in Unit IV and is taking baseline data for a speech program on her own time.

In the school, Jan Martinell, the unit's teacher, is doing a program on six patients to increase their attention span. As reinforcers, she uses praise and attention as well as the privilege of preparing their own snacks.

A cane travel program has just been implemented on one of the blind patients in Unit IV. The program

is designed to instruct the blind patient to function effectively and more independently with the use of a cane. The five phase program includes cane retaining, cane motility, directional orientation, obstacle detection and elevation orientation.

In conclusion, the BM staff hopes that as Unit IV becomes more settled from the move, we'll have more behavior modification programs going consistently than ever before.

TRAINING PROGRAMS BY ATTENDANT COUNSELORS

Based on the names submitted by each BMS, the following is a representation of the number and type of programs conducted in each unit during the week of June 22 to June 28:

UNIT I

No.
of
Programs



Type of Program

Total programs: 24

UNIT I - continued

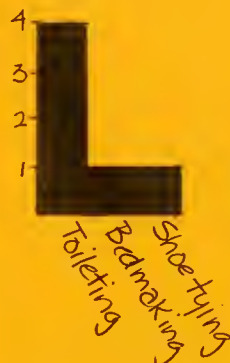
Trainers: Jill Benson, C-1
 Mary Ann Dale, C-1
 Sandy Fulton, C-2
 Terry Godfrey, C-2
 Duane Larson, C-1
 Bob Moss, C-1
 Brent Rast, C-2
 Bev Stoner, C-2
 Rosie Wartner, C-2

Contact: Kathy Byrne
 ext. 218

George Sivarts
 ext. 218

UNIT II

No.
 of
 Programs



Type of Program

Total programs: 6

Trainers:

Alma Adams, C-13
 Montana Ham, C-6
 Betty Penner, C-6

Contact: Nancy O'Hara
 ext. 267

UNIT III

None reported.

Contact:

Jan Mackay
 ext. 222

UNIT IV

No.
 of
 Programs



Type of Program

Total programs: 12

Trainers:

Monica Cox, C-5
 Norma Johnson, C-4
 Richard Mitchell, C-5
 Billie Rudolph, C-5
 Alice Saari, C-4
 Karen Wheeler, C-4

Contact: Patty Hathaway
 ext. 220

UNIT V

No.
 of
 Programs



Type of Program

Total programs: 7

Trainers: Margaret Brown, C-14
 Velma McElravy, C-9 & 14
 Jeri Yother, C-14

Contact: John Dineen
 ext. 212

UNIT VI

None reported.

Contact:

Ron Langworthy
 ext. 222

UNIT VII

None reported.

Contact:

Sanford Hostatter
 ext. 280

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OCT 29 1974 June 28, 1973

Vol. I No. 18

STAFF REGRETS PERRY'S RESIGNATION

The behavior modification staff receives the news of Superintendent Robert M. Perry's resignation, effective August 30, with regret. One reason we hate to see him leave is that he has been a source of support for our project. But beyond this support, we believe Perry has supported any person or project that benefited the patients at BRS&H. Perry's patient-oriented attitude has resulted in great gains for the mentally retarded of this state. For instance, during Perry's 3-year stay, the patient population at BRS&H has been reduced by 28%. Perry has also contributed to the statewide development of community services for the developmentally disabled.

TRAINING COTTAGE PROJECT ENDS

by Ron Langworthy

On June 27 the Cottage 15 Training Project ended after 20 weeks of intervention. The conclusion of this project was necessitated by the decision of Nursing Services to move the Cottage 15 patients to Cottage 11 and fill Cottage 15 with Unit 4 Medicaid eligible patients, thus easing the overpopulation of Unit 4. Seven patients from Cottage 11 were moved to their geographical units. Both Cottage 11 and 15 were previously filled with pre-puberty patients. One prominent plan for Cottage 11 involves gradually integrating pre-puberty patients into their geographical units and possibly replacing them with patients specifically chosen for behavior modification training.

Plans for the continuation of programs interrupted by the move are now being made with an emphasis on greater Attendant Counselor involvement. A

study is being made of the effects the move will have on both Attendant Counselors and patients. This study will provide data for future decisions concerning the movement of patients from cottage to cottage and on the desirability of integrating pre-puberty patients into the general population of patients in the institution.

Data has also been recorded which will allow comparison of conditions with baseline data recorded in the two weeks prior to February 6. The behavior modification staff intends to produce a detailed summary and analysis of this data in the near future. Requests for copies of this report should be sent to Dr. Richard Swenson, Title I Project, Boulder River School and Hospital.

"All programs now being carried out in Cottage 15 will be continued in Cottage 11, including special projects like rapid toilet training," replied Sanford Hostetter, supervisor of Cottage 15 training, when asked to comment on the move.

GEORGIA ROGERS: TRAINING IS WORTH THE WORK

A tally of the total number of training programs run by Attendant Counselors since the Attendant Incentive Program began 17 weeks ago indicated that Georgia Rogers, AC-II in Cottage 15, has done the most programs. Georgia's name has been submitted 60 times for having conducted training programs on five consecutive days. This averages to about 3.5 programs per week. Next highest are Alice Saari, AC-I and Norma Johnson, AC-I, both from Unit IV, with respective totals of 46 and 41 programs.

Georgia was one of two Attendant Counselors chosen by a special committee to attend the Educational Workshop in Pueblo, Colorado, last April because she had shown consistently

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high quality in her training. She explained that she does about 2 hours of training per day because, "I enjoy it. I would like to do at least one program on each of the children in my group. But I just can't squeeze enough time out of my day. It seems to me that you become much closer to your patients when you do a training program with them. You get to know them just a little better."

According to Georgia, programs vary considerably in the length of time they take. She has one program in which the sessions last 20 minutes and others that take only 1 or 2 minutes. She doesn't have a favorite program because, "Each child has his own personality in a program so each program is different even though the subject may be the same." The most difficult aspect of training for her is being consistent but she thinks she has improved in this.

Praising a patient seems to be the most effective reinforcer that Georgia has found so far. She has also observed that a patient's total behavior seems to improve because of training. Concerning a patient's regression if her programs aren't continued by someone else on her days off, Georgia has noticed that, "It doesn't seem to bother the ones that learn quickly. But the slower ones (and they're usually the ones that need it the most) seem to be handicapped from it. If we could keep a program going morning and afternoon, 7 days a week, I think we could get much better results."

Georgia feels that she can see any changes due to the training she's done but still doesn't mind taking data, "as long as it's simple and not too time consuming." She noted that, "When I first started on S.M.'s dressing program she wouldn't even touch her pants. Now she is putting them on from just over her toes." Programs designed to teach a patient self-help skills are the most important, Georgia feels.

Of the Attendant Incentive Program, Georgia responded, "I think it's great." When asked if she uses behavior modification in her personal life she noted, "Not nearly enough, mainly because of my inconsistency." In summing up her feelings about doing programs, Georgia says, "Training is very rewarding, but you have to stick with it. It can be very discouraging at times, even depressing. But if you can just stick it out and keep working at it, sooner or later you'll see progress. Believe me, it's really worth the work."

ADVICE COLUMN

Dear B.B.,

What can I do about a patient who loves to smear himself with feces so that he can take a shower? He loves to take showers and would stand all day in one if he could. He also loves feces so either way he is content--if he is in the shower or smeared with poop.

P.H.

Dear P.H.,

This is truly an annoying problem which can be eliminated if you will carry out a consistent program. Your patient is obviously being rewarded with a shower when he messes and smears. The first step is to change the contingencies so that he can get showers but only for NOT smearing. When he has smeared, wash him up with a cold, wet cloth, don't talk to him (scolding or otherwise), don't look him in the eye, don't show him how annoyed you are. He could very well enjoy watching the staff get upset over his accidents.

Set up an interval schedule by which you will regularly check the patient. For example, every 30 minutes you would check the patient for being clean or messed. To help you remember your schedule, you could attach a small timer to your belt which will buzz at the interval you choose. If he is clean at these checks, praise him lavishly and let him take a shower. If

he is messed, wash him up as I have described and change him. Better yet, if the patient can, require him to change his own clothes, rinse out his soiled clothing and clean up whatever else he has smeared. This type of overcorrection procedure has been shown to be very effective in changing behavior as the patient is required to "undo" whatever inappropriate thing he has done.

This patient sounds like a prime subject for a toilet training program. To do this you would first take a baseline of his natural schedule of elimination for about a week. Check him every 15 minutes and record if he is wet, messed or dry. Also record any times he independently goes in the toilet. When you've determined when are the times that he most frequently eliminates, schedule him to go to the toilet at these times. The following is the procedure we used for toilet training in the Training Cottage.

1. At the specified time, take the child to the bathroom, saying, "Tommy, let's go potty." Take him to the same bathroom every time.
2. Upon arriving in the bathroom, give the command, "Tommy, pull your pants down." If the patient does not comply within 10 seconds, assist him. Whether or not the patient requires assistance, he should be reinforced for that response until he has independently performed the response on 3 consecutive times.
3. Upon pulling his pants down, the patient should be given the command, "Tommy, pull your underpants down." Use the same procedure as outlined above.
4. When the patient has both pants and underpants down, say, "Tommy, sit down." Use the same reinforcement procedures.

5. When the patient is seated on the toilet, the command, "Tommy, go potty" should be given.
6. If elimination has not occurred within 2 minutes, turn on the water faucet as running water sometimes prompts urination.
7. Leave the patient on the toilet until he eliminates or until 10 minutes have elapsed (whichever occurs first). If the patient does not eliminate, proceed to step 8. If the child eliminates, reinforce him liberally. This step warrants the biggest and best reinforcement.
8. Instruct the child to pull up his underpants and pants by giving the following commands, "Tommy, pull up your underpants." "Tommy, pull up your pants." The procedure is identical to that of steps 2 and 3.
9. If the child eliminates on the toilet, say, "Tommy, flush the toilet." Guide the child's hand if necessary and reinforce the response until it occurs on 3 consecutive trials.

Wiping after a bowel movement will not be taught until the patient is eliminating within 1 minute of being placed on the toilet and the other steps are being performed independently.

To make data taking simple, have a sheet posted on the bathroom used for the training. On this, record by code at what times the patient eliminates (either in the toilet or his pants), how long after the patient is seated on the toilet he eliminates and which of the above steps he performed without assistance.

A more detailed explanation of this toilet training procedure can be obtained by contacting Barbara Holum.

WINNERS OF JUNE 22 DRAWING

Lois May	Unit V	\$5.00 gift certificate
Karl Hüsing	Unit VII	Six pack beer
Jerry Blackburn	Unit VII	\$3.00 gift certificate
Georgia Rogers	Unit VII	Oil drain pan
Brenda Sanddal	Unit VII	Six pack beer
Jill Benson	Unit I	\$5.00 gift certificate
Alma DeMers	Unit IV	Soup and sandwich
Billie Rudolph	Unit IV	5% discount on merchandise
Sandy Fulton	Unit I	\$3.00 gift certificate
Howard Christianson	Unit VII	Six pack beer

CONTRIBUTORS

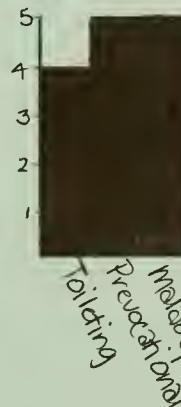
Abel's Conoco Service, 330-11th	Helena
Ben Franklin Store	Helena
Boulder Cash Grocery	Boulder
Boulder Monitor	Boulder
Brackman's Food Market	Helena
Cabin Bar	Basin
Circus Twin Theatre	Helena
Colonel Sanders Chicken	Helena
Colonial Hilton	Helena
Dairy Queen	Helena
Diamond S Ranchotel	Boulder
Dot's Spot	Boulder
First National Insurance	Boulder
Gambles	Boulder
J.C. Penneys	Helena
Jorgenson's Holiday Inn	Helena
Marilyn's Drive-In Cafe & Bar	Boulder
Owl Bar	Boulder
Paul's Professional Pharmacy 2225-11th	Helena
Pizza Hut	Helena
Sleeping Giant Lodge	Helena
Suds Hut	Helena
Tempo Department Store	Helena
Terry's Convenient Foods	Helena
The Globe	Helena
Western Drug	Helena
Windsor Bar	Boulder

TRAINING PROGRAMS BY ATTENDANT COUNSELORS

Based on the names submitted by each BMS, the following is a representation of the number and type of programs conducted in each unit during the week of June 15 to June 21:

UNIT I

No.
of
Programs



Trainers:

Jill Benson, C-1
Mary Ann Dale, C-1
Sandy Fulton, C-2
Mary Ann Kuster, C-12
Bob Moss, C-1
Bev Stoner, C-1

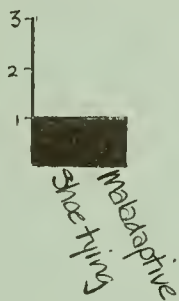
Total programs: 14

Type of Program

Contact: Kathy Byrne, ext. 218
George Siverts, ext. 218

UNIT II

No.
of
Programs



Trainers:

Alma Adams, C-13
Cottage 13 Staff

Total programs: 2

Type of Program

Contact: Nancy O'Hara, ext. 215

UNIT III

None reported.

Contact:

Jan Mackay
ext. 216

Trainers:

Monica Cox, C-5
Alma DeMers, C-5
Norma Johnson, C-4
Billie Rudolph, C-5
Alice Saari, C-4
Karen Wheeler, C-4

UNIT IV

No.
of
Programs



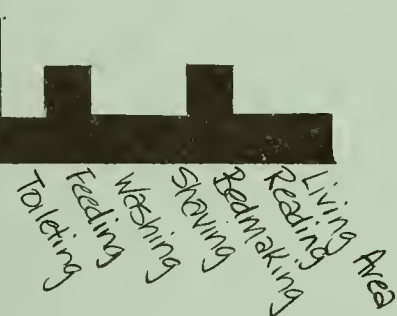
Type of Program

Total programs: 9

Contact: Patty Hathaway
ext. 220

UNIT V

No.
of
Programs



Type of Program

Total programs: 9

Contact: John Dineen, ext. 212

Trainers:

Bob Abbott, C-9
Eunice Banfield, C-14
Margaret Brown, C-14
Elvina Christianson, C-14
Lois May, C-9 & 14
Connie Sawtell, C-14

UNIT VI

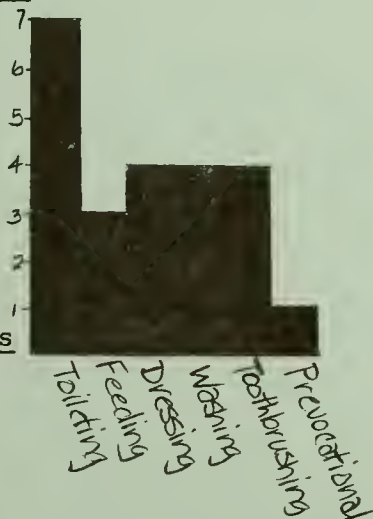
None reported.

Contact:

Ron Langworthy
ext. 222

UNIT VII

No.
of
Programs



Type of Program

Trainers:

Jerry Blackburn, C-11
Howard Christianson, C-15
Debbie Fulford, C-15
Karl Hüsing, C-11
Margaret Olson, C-11
Georgia Rogers, C-15
Brenda Sanddal, C-11

Total programs: 23

Contact: Sanford Hostetter
ext. 280

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Boulder River School and Hospital
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OCT 29 1974

June 21, 1973

WINNERS OF JUNE 15 DRAWING

Mary Ann Dale	Unit I	Dinner for two
Ed Schwab	Unit VII	\$3.00 gift certificate
Karl Husing	Unit VII	\$2.00 gift certificate
Margaret Olson	Unit VII	Half gallon ice cream
Mary Ann Kuster	Unit I	Pitcher of beer
Betty Penner	Unit II	\$5.00 gift certificate
Ray Rashleigh	Unit IV	\$3.00 gift certificate
Margaret Brown	Unit V	Lunch
Lois May	Unit V	Pitcher of beer
Georgia Rogers	Unit VII	Toothpaste

STATE DOCUMENT

GENETICS SEMINAR TO BE HELD AT BRS&H

The Seventh Annual Genetics Seminar will be held at BRS&H July 2 and 3, 1973. Joining P.D. Pallister, M.D., in presenting the seminar will be Victor A. McKusick, M.D., Professor of Medicine, Johns Hopkins University, Arno G. Motulsky, M.D., Professor of Medicine and Genetics, University of Washington, John M. Opitz, M.D., Professor of Pediatrics and Medical Genetics, University of Wisconsin, and Jurgen Herrmann, M.D., Assistant Professor of Pediatrics, University of Wisconsin.

The seminar will largely deal with syndromes, some recently described in Montana, connective tissue and skeletal dysplasias, genetics of cardiovascular disease, genetics of intellect and mental retardation, abnormalities of sex determination and sex differentiation, mucopolysaccharidoses, and the impact of genetics on society today. Case presentations will be part of the seminar. Interested persons are invited to register in advance by contacting Dr. P.D. Pallister at Boulder River School and Hospital.

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Brackman's Food Market	Helena
Cabin Bar	Basin
Circus Twin Theatre	Helena
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Diamond S Ranchotel	Boulder
Dot's Spot	Boulder
First National Insurance	Boulder
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Marilyn's Drive-In Cafe & Bar	Boulder
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Suds Hut	Helena
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Western Drug	Helena
Windsor Bar	Boulder

Robert M. Perry, Superintendent
Keith McCarty, Chief, Paramedical Services

Richard P. Swenson, Ph.D., Director, Title I
Barbara Holum, Editor

10/10/10

10/10/10



SPOTLIGHT ON UNIT II
by Nancy O'Hara, BMS

Regular readers of the Boulder Behaviorist are aware that the total number of behavior modification programs being done by BRS&H attendants has increased dramatically in the last couple of months. The increase in number of attendants thus involved in Unit II has paralleled and helped contribute to this total growth.

During the month of June, 12 Unit II attendants have been involved in an average of 9 structured and supervised behavior modification programs per week. Some are doing more than one program; Betty Penner is doing one bedmaking and two toilet training programs. Montana Ham is also doing two toilet training programs. Isabelle Adams, having graduated M.M. from a bedmaking program, is now working to extinguish maladaptive behavior in V.J. She is being assisted by other Cottage 6 personnel who work shifts in Ward IV. Pam O'Connor and Beverly Miller are co-operating on a couple of programs--a grooming chart for R.J. and toilet training with B.F.

There is another group project in Cottage 13, where Mary Rounsville, Carman Christman and Bud Knopfle (as well as relief personnel) work with L.C. to extinguish self-destructive behavior. Also in Cottage 13, Alma Adams graduated P.D. one step in his shoe tying program within the first week of training. A program started in the Training Cottage, T.B.'s hand and face washing, is being continued in Cottage 13. T. has graduated 2 steps since her cottage transfer and is now on step 6.

The full extent of training in Unit II is not fully indicated by the weekly listing in the Behaviorist. For instance, Ada Hanson, AC-III, pointed out the fine job being done by Bud Knopfle in teaching the men in Cottage 13 good grooming habits. Attendants have mentioned that the foster grandparents are doing some exciting things with some of our younger patients.

E.S. has progressed quite well in walking in the past few months, for which a lot of credit can go to Mrs. Baker. A.D., with the help of Mrs. Blum, has worked her way up to book 10 in the programmed reading series. Although the unit teacher is not presently involved in any formal behavior modification programs in her classroom, Pat Paugh has designed and implemented several such programs in the past several months.

Unit Supervisor Al Glasser's support for behavior modification is an important part of the unit's attitude toward training. Evidence of this support is the behavior modification contract which is signed at the start of each program. This contract outlines the responsibilities and expectations of those involved in the implementation of the program and contains not only the signatures of the attendant and BMS, but also that of the Unit Supervisor as well. These contracts, with their attached program and progress chart, are kept in notebooks in the attendants' offices in both cottages--an idea borrowed from Unit V. This arrangement enables attendants to look over the programs being done in their cottage and to check on the progress of these programs.

It is gratifying to see the increased utilization of behavior modification techniques at BRS&H and the staff of Unit II is happy to be a part of this growth.

ADVICE COLUMN

Dear B.B.,

What happens to a patient after the programs are done and no placement can be found? If he stays here, he will regress.

What's the Use?

Dear What's the Use,

After the patient has graduated from a program we generally put him on some kind of maintenance schedule which assures that he will not regress. Maintaining a skill

involves making sure the patient uses it as much as a normal person would. The problem that we all run into here is that it is often much easier and faster for an A.C. to do everything for a patient than to wait for him to do it himself. An attitude that one must "mother" patients, do everything for them because they are all "children" will effectively keep them behaving like children. Newly acquired skills must be practiced often or they will be lost.

In a maintenance program you would see that the patient performs the skill every time it is needed and does so in a reasonable time period. You would reinforce him every so often but not as often as you did during training. Gradually you completely fade out reinforcement until the skill is a part of the patient's daily habit and generalizes to all situations in which it may be needed.

If dressing, for instance, is maintained well and it becomes part of the patient's normal habit, then the A.C. no longer has to dress the patient. So one of the eventual results of a successful program

is that the A.C.'s work load is reduced.

Another obvious bonus of maintaining an acquired skill is that it enhances the patient's chance for success in a home placement.

Ron Langworthy

NEWS FLASH FROM COTTAGE 15

Training efforts in Cottage 15 culminated last week in the success of 3 training programs. J.D. was graduated from her hand and face washing program. B.I. was graduated from a dressing program designed to reduce the time he took to dress himself to 10 minutes from his pre-training average of 20 minutes. Occasionally he would take as long as 40 minutes to dress. B.I. also was graduated from his hand and face washing program.

The following table represents the total number of training hours required for each of the programs, the cost of the program (based on the average hourly earnings of the trainers), and the total number of trials and sessions required for each program.

	<u>Training Hours</u>	<u>Cost</u>	<u>No. of Trials</u>	<u>No. of Sessions</u>
J.D./Washing	17.50	\$65	305	138
B.I./Dressing	7.08	\$27	43	43
B.I./Washing	13.00	\$45	305	113

A maintenance program is being implemented on each of these new skills.

Another success that occurred last week unexpectedly was A.N.'s passing a dressing test that she had previously failed. No training had taken place between the tests. No one has a definite explanation of the phenomenon. It is possible, however, that failure of the pre-test

was due to a temporary condition. Inspection of the data showed that A.N. failed the test because she did not complete the activity within the allotted time (10 minutes). Thus, a temporary motivational problem could explain it. She might have the skill but not be exhibiting it at the time. The lesson here for us is that several pre-tests should be done to definitely establish that the

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the transparency and accountability of the organization. This section also outlines the specific procedures for recording and verifying financial data.

2. The second part of the document addresses the role of the audit committee in overseeing the financial reporting process. It details the committee's responsibilities, including reviewing the financial statements, assessing the effectiveness of internal controls, and ensuring compliance with applicable laws and regulations. The committee is also responsible for reporting its findings to the board of directors.

3. The third part of the document focuses on the internal control system, which is designed to prevent and detect errors and fraud. It describes the various components of the system, such as segregation of duties, authorization requirements, and regular reconciliations. The document also provides guidance on how to identify and address control deficiencies.

4. The fourth part of the document discusses the importance of communication and collaboration between different departments. It stresses that effective communication is crucial for ensuring that all stakeholders are aware of their responsibilities and are working together to achieve the organization's goals. This section also provides examples of best practices for fostering a culture of transparency and accountability.

5. The fifth part of the document concludes with a summary of the key points discussed throughout the document. It reiterates the importance of maintaining accurate records, the role of the audit committee, the internal control system, and the need for effective communication and collaboration. The document also provides a list of resources and references for further information.

skill is not in the behavioral repertoire.

BULLETIN

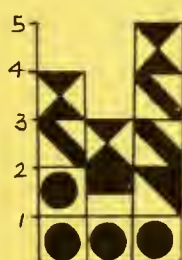
In the self-initiation stage of the rapid toilet training program, T.W. self-initiated 4 times in 1 hour on Wednesday, June 20. He began the program on Monday, June 18.

TRAINING PROGRAMS BY ATTENDANT COUNSELORS

The following bar graphs represent the number and type of training programs by Attendant Counselors during the week of June 8 to June 14, as reported by the BMS in each unit. The symbols in each graph indicate the trainer of each program.

UNIT I

No.
of
Programs



Total programs: 12

Contact:

Kathy Byrne
ext. 218

George Siverts
ext. 218

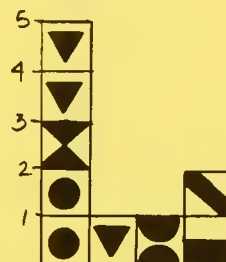
Type of Program

Trainers:

- Jill Benson, C-1
- Mary Ann Dale, C-1
- Sandy Fulton, C-2
- Mary Ann Kuster, C-12
- Bev Stoner, C-1

UNIT II

No.
of
Programs



Total programs: 9

Contact:

Nancy O'Hara
ext. 215

Type of Program

Trainers:

- Alma Adams, C-13
- Montana Ham, C-6
- Isabelle Adams, C-6
- Pam O'Connor, C-6
- Cottage 13 Staff
- Betty Penner, C-6

UNIT III

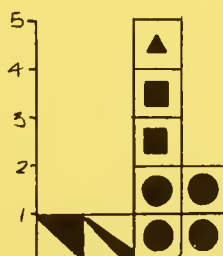
None reported.

Contact:

Gary DeMille
ext. 216

UNIT IV

No.
of
Programs



Trainers:

- Alma DeMers, C-5
- Norma Johnson, C-4
- Ray Rashleigh, C-5
- Billie Rudolph, C-5
- Alice Saari, C-4

Total programs: 9

Contact: Patty Hathaway
ext. 220

Type of Program

Contact: Sanford Hostetter
ext. 280

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Boulder Behaviorist

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Vol. I No. 16

Boulder River School and Hospital
Boulder, Montana 59632

June 14, 1973

WINNERS OF JUNE 8 DRAWING

Lois May	Unit V	\$5.00 gift certificate
Bev Stoner	Unit I	Large Pizza
Bob Abbott	Unit V	Six pack beer
Sandy Fulton	Unit I	Pork chop sandwich
Betty Penner	Unit II	Scarf
Georgia Rogers	Unit VII	Steak dinner
Alice Saari	Unit IV	Bucket of chicken
Brenda Sanddal	Unit VII	Pitcher of beer
Karen Wheeler	Unit IV	Bath oil beads
Jerry Blackburn	Unit VII	Can of STP

STATE DOCUMENTS

OCT 29 1974

SPOTLIGHT ON UNIT I by George Siverts, BMS

Unit I could be said to be in a state of development as far as behavior modification is concerned. We have programs being carried out by attendants, by our teacher in the school, by the recreational aide, and by the B.M. staff. Most of these programs have begun in the last few months. Even though many of the staff in the unit are new and the cottages are often short-handed, the number (19) and variety of current programs is encouraging. Certainly a great amount remains to be done in the way of emphasizing and organizing training in the unit, but we are moving in the right direction.

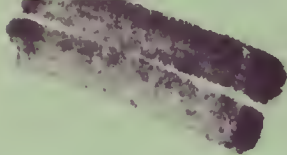
Deserving most of the credit for this progress are the attendants themselves. Many of them have expressed a desire to make their jobs more patient-care oriented. Working with attendants like these has been a pleasure for the BMSs. New programs are constantly being initiated,

usually at an attendant's request. M.L. OHara, the Unit Supervisor, has also recognized the desirability of training and has recently made time available in the attendant's day which can be devoted exclusively to training. This official shift in emphasis will surely help increase growth in the quantity and quality of behavior modification programming.

Although it is difficult to single out members of the Unit I staff who are being especially consistent in their training efforts, there are a few who should be mentioned. Sandy Fulton, AC-I in Cottage 2, is carrying out two toilet training programs and helping work on a particularly knotty maladaptive problem, E.M.'s dunking his clothes in the toilet. In addition, she is helping with a program designed to encourage J.V. to come to work on time. In Cottage 1, Bev Stoner, AC-I, is currently involved in three programs - toilet training, maladaptive stealing, and a cottage work token program.

Robert M. Perry, Superintendent
Keith McCarty, Chief, Paramedical Services

Richard P. Swenson, Ph.D., Director, Title I
Barbara Holum, Editor



Also in Cottage 1, Mary Ann Dale, AC-I, is carrying out a toilet training program and a maladaptive thumbsucking program.

In the school, Angie Kaufman, a teacher, is doing a shoe tying and a shoe lacing program. Kathy Kalarchik, Recreational Aide, is currently carrying out three eating programs in Canary dining hall. Kathy recently organized a picnic for the whole unit. We loaded a large supply of clean clothes and food and all the kids in a couple of buses and took off to the hills for a day. The kids really enjoyed it and needless to say the staff was enthusiastic about working in the woods on a nice day. There's talk of doing it every month.

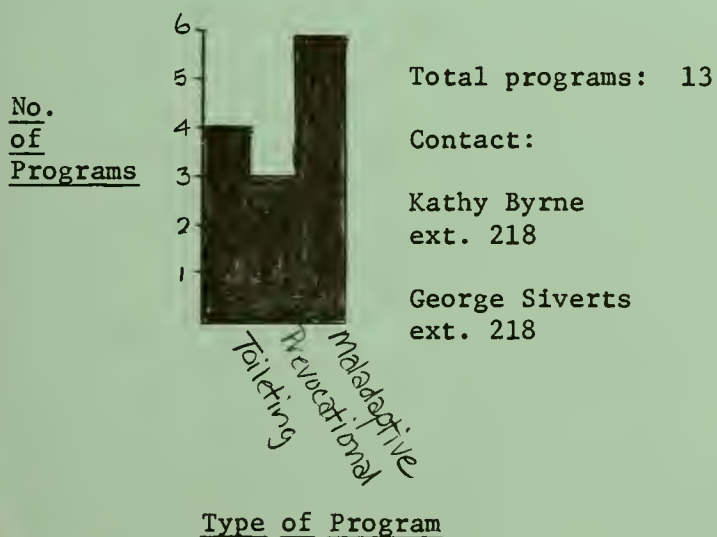
One of the more interesting programs the B.M. staff is involved in is an effort to teach a higher functioning patient to train a lower functioning patient in a self-help skill using behavior modification techniques. T.D. is currently training N.E. to tie her shoes and in one week N.E. has reached the third step of her forward

chaining program. T.D. reports to the BMS office Monday through Friday, completing one session of training, recording the data and graphing it. In addition, he is learning to keep financial records by keeping an account of his accumulated earnings. (He is credited at a rate of \$1.00 per hour and will be able to get a wristwatch when he has saved enough.) Of the program T.D. says, "One thing for sure, I can see that I'm going to get awful involved in my work." Showing an uncanny grasp of behavior modification, he once remarked during a trial when N.E. was having some difficulty, "Don't worry, N., it's not because you don't know what you are doing, it's because I don't know what I'm doing yet."

TRAINING PROGRAMS BY ATTENDANT COUNSELORS

Based on the names submitted by each BMS, the following is a representation of the number and type of programs conducted in each unit during the week of June 1 to June 7:

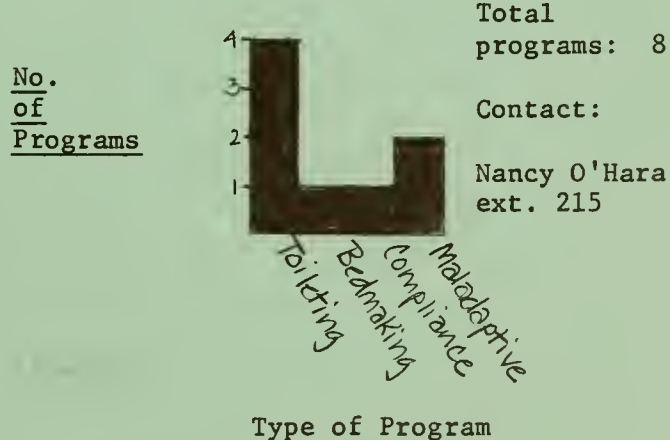
UNIT I



Trainers:

Jill Benson, C-1	Brent Rast, C-2
Mary Ann Custer, C-12	Sandy Fulton, C-2
Mary Ann Dale, C-1	Terry Godfrey, C-2
	Bev Stoner, C-1

UNIT II

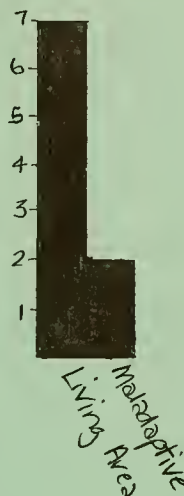


Trainers:

Isabelle Adams, C-6	Montana Ham, C-6
Cottage 13 Staff	Beverly Miller, C-6
	Betty Penner, C-6

UNIT III

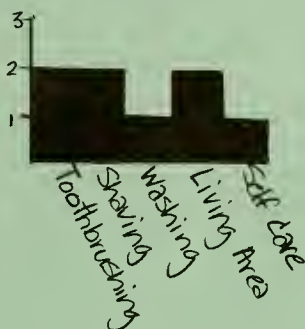
None reported.

Contact: Gary DeMille
ext. 216UNIT IVNo.
of
Programs

Trainers:

Norma Johnson, C-4
Alice Saari, C-4
Karen Wheeler, C-4

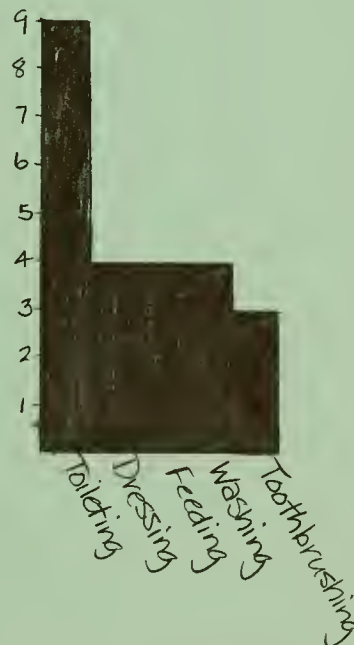
Total programs: 9

Contact: Patty Hathaway
ext. 220UNIT VNo.
of
ProgramsType of ProgramTrainers: Bob Abbott, C-9
Lois May, C-9 & 14
Velma McElravy, C-9 & 14

Total programs: 8

Contact: John Dineen
ext. 212UNIT VIContact: Ron Langworthy
ext. 222

Trainers:

Jerry Blackburn, C-11
Jeff Brodnick, C-15
Debbie Fulford, C-15
Margaret Olson, C-11
Georgia Rogers, C-15
Brenda Sanddal, C-11
Ed Schwab, C-15UNIT VIINo.
of
ProgramsType of Program

Total programs: 24

Contact: Sanford Hostetter
ext. 280

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The Boulder Behaviorist

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Vol. I No. 15

Boulder River School and Hospital
Boulder, Montana 59632

June 7, 1973

WINNERS OF JUNE 1 DRAWING

Karen Wheeler	Unit IV	\$5.00 gift certificate	OCT 29 1974
Brenda Sanddal	Unit VII	Two lunches	
Alice Saari	Unit IV	Pitcher of beer	
Montana Ham	Unit II	Chicken dinner	
Leonard Vialpando	Unit V	10% discount on merchandise	
Georgia Rogers	Unit VII	\$5.00 gift certificate	
Mary Ann Dale	Unit I	Theatre admission	
Debbie Fulford	Unit VII	Oil filter	
Sandy Fulton	Unit I	Cheeseburger and coffee	
Ed Schwab	Unit VII	Frozen pizza	

BUSINESSES CONTRIBUTE

Abel's Conoco Service, 330-11th
Ben Franklin Store
Boulder Cash Grocery
Boulder Monitor
Brackman's Food Market
Cabin Bar
Circus Twin Theatre
Colonial Hilton
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J.C. Penneys
Marilyn's Drive-In Cafe & Bar
Owl Bar
Paul's Professional Pharmacy
2225-11th
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Sleeping Giant Lodge
Suds Hut
Tempo Department Store
Terry's Convenient Foods
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The seminar will largely deal with syndromes, some recently described in Montana, connective tissue and skeletal dysplasias, genetics of cardiovascular disease, genetics of intellect and mental retardation, abnormalities of sex determination and sex differentiation, mucopolysaccharidoses, and the impact of genetics on society today. Case presentations will be part of the seminar. Interested persons are invited to register in advance by contacting Dr. P.D. Pallister at Boulder River School and Hospital.

Robert M. Perry, Superintendent
Keith McCarty, Chief, Paramedical Services

Richard P. Swenson, Ph.D., Director, Title I
Barbara Holum, Editor

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COTTAGE 15 REPORTS

by Sanford Hostetter

Below is a summary of the programs in Cottage 15 for the two-week period of May 7 to May 18. The numbers in parenthesis indicate totals since training began on February 7, 1973.

	<u>Toileting</u>	<u>Dressing</u>	<u>Washing</u>	<u>Tooth-brushing</u>	<u>Secondary Dressing</u>
Sessions of training	385 (3181)	209 (1199)	151 (550)	25 (269)	14 (105)
No. of steps graduated	N.A. N.A.	13 (44)	9 (44)	2 (40)	0 (8)
Training hours	34 (279.15)	27.75 (176.18)	15.31 (65.65)	2.95 (43.37)	1.87 (17.13)
Total trials	419 (3215)	745 (5269)	323 (1532)	25 (693)	70 (540)

T.K. has had one self-initiated toileting since being involved in the rapid toilet training program.

The Training Cottage behavior modification staff now consists of Chrys Anderson, Ken Brown, Kathy Byrne, Patty Hathaway, Sanford Hostetter, and Gary DeMille. Each staff member averages 2.4 hours of training per day.

SPOTLIGHT ON UNIT V

by John Dineen, BMS

If Unit V is at all unique, it is not because of the number of behavioral programs run each week--although there are a lot--or because everybody takes careful data. Indeed, what seems to characterize the unit is an attitude held by most of the people working there, an optimism that patients can learn, get better, improve. Shared with that optimism is a set of working principles used by many of Unit V's workers: behavior can be changed if one can find an appropriate reinforcement and remain consistent in his use of it.

A good example of Unit V is Robert Abbott, an AC-II. Bob recently taught J.T. to wash his hands and face in about a month and a half, using a standard behavior modification program for hand and face washing. Working

entirely on his own, Bob had noted that J.T. seemed to be a likely prospect for a washing program, but could only point to his ears when told to "Wash your hands and face." He wrote a description of J.T.'s baseline behavior, then approached the unit's BMS for a washing program. A month and a half later, J.T. could perform the skill.

All Unit V attendants are required to run at least one behavioral program. Many do more. Dave Voss, an AC-I, is currently running five each day, Margaret Brown, AC-I, Elvina Christianson, AC-II, and Velma McElravy, AC-II, each run three a day. Bob Abbott has four.

"The attendants here are more daring than in some other units," reported Lois May, AC-III in charge of the afternoon shift. "The atmosphere is relatively free and flexible, allowing the attendants to try

new things." She noted that the patients have gained more freedom in the past couple of years. Dick Sonsteng is the Unit Supervisor and has been very instrumental in accomplishing these gains.

An example of that freedom came from Leonard Vialpando, AC-I, who took an entire cottage out to lunch. Vialpando, who works with the male patients in cottage 9, took his boys to visit and eat lunch with the Unit V's girls in cottage 14. Both the patients and the staff seemed to enjoy the break in routine.

One change in Unit V over the past couple of years, according to Lois May, is a lessening of tensions. "The air," she said, "is less strained than before." May felt that a reduction in maladaptive behaviors of some patients had contributed to the effect.

Behavior programming for the unit involves many staff from various departments. As Unit V Recreation Aide, Joyce Smith works with twelve patients in compliance, combining simple compliance with the acquisition of new skills such as going up and down stairs to board a school bus. She also uses behavioral techniques to teach her gross motor and fine motor skills classes.

Myrtle Johnson, the Unit's teacher, uses behavior mod programs to teach bedmaking, shoe lacing, and tying. Additionally, she

has developed programs of her own to aid T.B. in developing the use of his left hand and to teach several patients to stuff envelopes. Ms. Johnson is enthusiastic about using the behavioral skills she learned from Dr. Robert and Linda Peterson, psychologists from the University of Nevada who held a three-day workshop on behavior modification at BRS&H earlier this spring.

As Behavior Modification Specialist, I work with the attendants to reduce maladaptive behaviors and to establish new skills such as making a bed, maintaining a neat and clean living area, and learning to eat. At present, I am directly involved in only a few programs, while the attendants run most of our 27 behavioral programs.

A unique program, established long before my arrival, is a table manners class in which the food is served family style--the main dish and vegetables are in bowls, the bread is unbuttered, and "please" precedes the passing of a dish. The eight patients currently in the class and I take turns praising and censoring each other for our eating behavior. It's a fun class, perhaps educational.

Unit V still has a long ways to go and we're far from perfect. After all, we've only just begun.

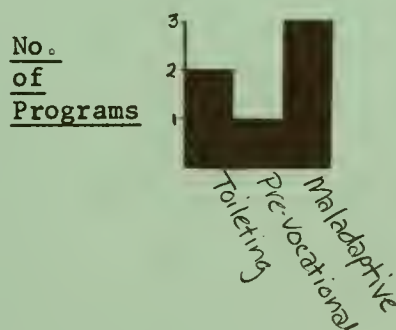
TRAINING PROGRAMS BY ATTENDANT COUNSELORS

Based on the names submitted by each BMS, the following is a representation of the number and type of programs conducted in each unit during the week of May 25 to May 31:

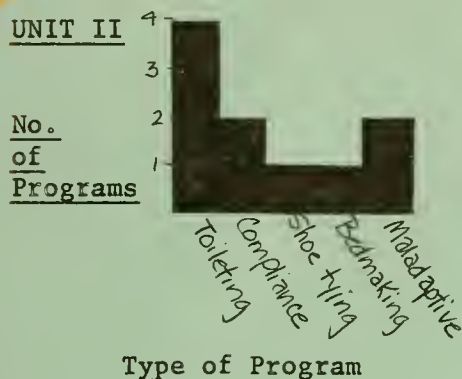
Trainers: Mary Ann Dale, C-1
Sandy Fulton, C-2
Barb Morgan, C-1 & 2
Bob Moss, C-1
Bev Stoner, C-1

Total programs: 6

UNIT I



Type of Program

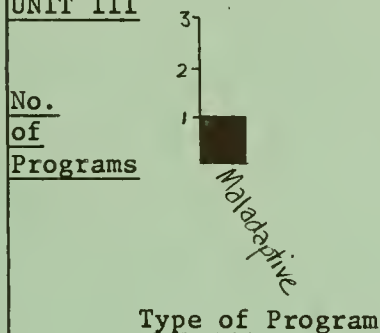
UNIT IIType of Program

Trainers:

Isabelle Adams, C-6
 Alma Adams, C-13
 Cottage 13 Staff
 Montana Ham, C-6
 Beverly Miller, C-6
 Pam O'Connor, C-6
 Betty Penner, C-6

Total programs: 10

Contact: Nancy O'Hara
 ext. 215

UNIT IIIType of Program

Trainer: Bob Briggs, C-7

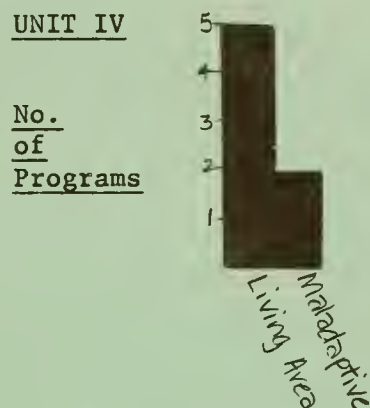
Total programs: 1

Contact: Gary DeMille
 ext. 216

UNIT VI

Contact:

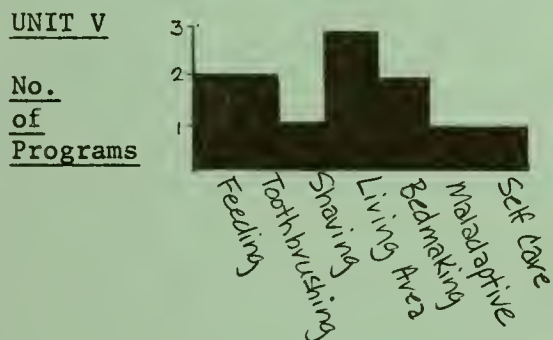
Ron Langworthy
 ext. 222

UNIT IVType of Program

Trainers: Alice Saari, C-4
 Karen Wheeler, C-4

Total programs: 7

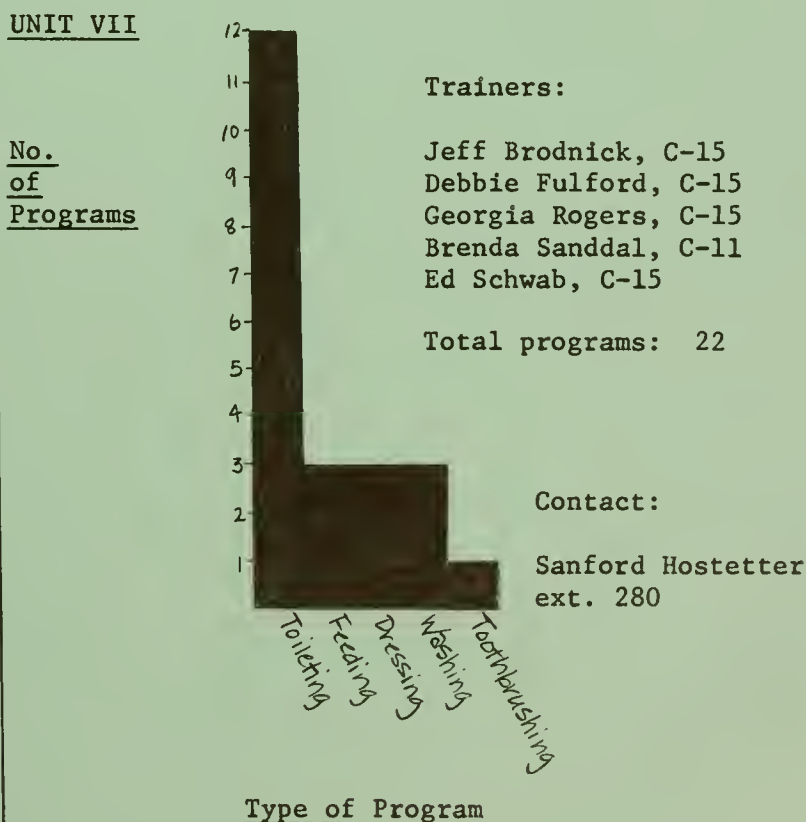
Contact: Patty Hathaway
 ext. 220

UNIT VType of Program

Trainers: Bob Abbott, C-9
 Margaret Brown, C-14
 Elvina Christianson, C-14
 Lois May, C-9 & 14
 Velma McElravy, C-9 & 14
 Leonard Vialpando, C-9

Total programs: 12

Contact: John Dineen
 ext. 212

UNIT VII

Trainers:

Jeff Brodnick, C-15
 Debbie Fulford, C-15
 Georgia Rogers, C-15
 Brenda Sanddal, C-11
 Ed Schwab, C-15

Total programs: 22

Contact:

Sanford Hostetter
 ext. 280

Type of Program

The Boulder Behaviorist

Boulder River School and Hospital
Boulder, Montana 59632

Vol. I No. 14

May 31, 1973

WINNERS OF MAY 25 DRAWING

Betty Penner	Unit II	Bucket of chicken
Jeff Brodnick	Unit VII	\$5.00 gift certificate
Montana Ham	Unit II	Hamburger and coke
Alma Adams	Unit II	Six pack beer
Georgia Rogers	Unit VII	Six pack coke
Jill Benson	Unit I	Chicken dinner
Bob Abbott	Unit V	\$5.00 gift certificate
		Six pack beer
Dave Voss	Unit V	Half gallon ice cream
Margaret Brown	Unit V	California fruit basket

OCT 2

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Abel's Conoco Service, 330-11th	Helena
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Boulder Monitor	Boulder
Brackman's Food Market	Helena
Cabin Bar	Basin
Circus Twin Theatre	Helena
Colonial Hilton	Helena
Dairy Queen	Helena
Diamond S Ranchotel	Boulder
Dot's Spot	Boulder
First National Insurance	Boulder
Gambles	Boulder
J.C. Pennays	Helena
Marilyn's Drive-In Cafe & Bar	Boulder
Owl Bar	Boulder
Paul's Professional Pharmacy	
2225-11th	Helena
Pizza Hut	Helena
Sleeping Giant Lodge	Helena
Suds Hut	Helena
Tempo Department Store	Helena
Terry's Convenient Foods	Helena
The Globe	Helena
Western Drug	Helena
Windsor Bar	Boulder

NEW HIGH REACHED IN TRAINING PROGRAMS

Last week the total number of training programs by Attendant Counselors climbed to a record high of 81. This increase can be accounted for by Units I and II. Congratulations!

After maintaining steadily at an average of 31.1 total programs by Attendant Counselors for nine weeks (with a range of 27 to 35), the number of programs then jumped to 61, 76, and 57 in the 10th, 11th, and 12th weeks.

TRAINING PROGRAMS BY ATTENDANT COUNSELORS

Based on the names submitted by each BMS, the following is a representation of the number and type of programs conducted in each Unit during the week of May 21 to May 25:

11

UNIT INo. of
ProgramsTrainers:

Jill Benson, C-1
 Theresa Cross, C-1
 Mary Ann Dale, C-1
 Gladys Frank, C-1
 Sandy Fulton, C-2
 Carol May, C-1
 Barb Morgan, C-1 & 2
 Bob Moss, C-1
 Viva Schwab, C-1
 Bev Stoner, C-1

Total programs: 12

Type of Program

Contact: Kathy Byrne Ext. 218
 George Siverts Ext. 218

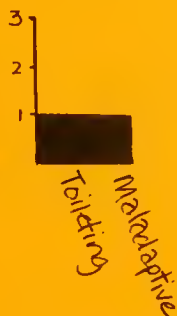
UNIT IINo. of
Programs

Total programs: 9

Type of Program

Trainers: Alma Adams, C-13
 Isabelle Adams, C-6
 Cottaga 13 Staff
 Montana Ham, C-6
 Bav Miller, C-6
 Pam O'Connor, C-6
 Betty Penner, C-6

Contact: Nancy O'Hara Ext. 215

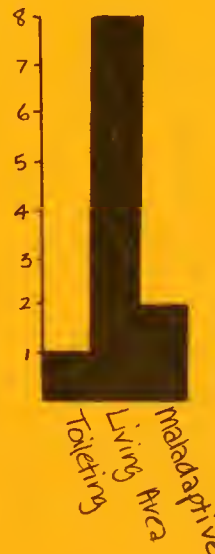
UNIT IIINo. of
ProgramsTrainers:

Bob Briggs, C-7
 Bev Eyster, C-7

Total programs: 2

Type of Program

Contact: Gary DeMille Ext. 216

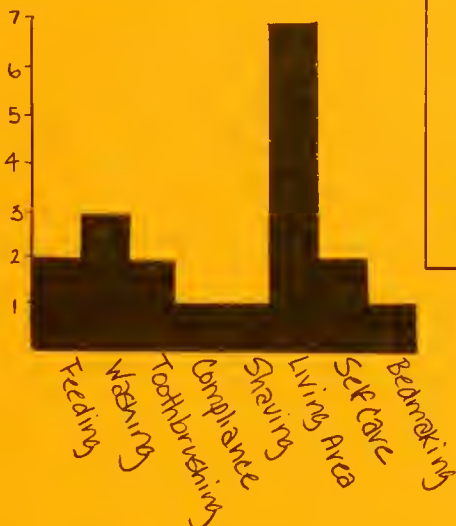
UNIT IVNo. of
ProgramsType of Program

Contact: Patty Hathaway Ext. 220

Trainers:

Norma Johnson, C-4
 Alice Saari, C-4
 Karen Wheeler, C-4

Total programs: 11

UNIT VNo. of
ProgramsType of Program

Trainers: Bob Abbott, C-9
 Mae Anderson, C-14
 Margaret Brown, C-14
 Elvina Christianson, C-14
 Velma McElravy, C-9 & 14
 Dave Voss, C-9

Total programs: 19

Contact: John Dineen Ext. 212

UNIT VI

Contact:

Ron Langworthy
 Ext 222

Trainers:

Jerry Blackburn, C-11
 Jeff Brodnick, C-15
 Terri Foley, C-15
 Margaret Olson, C-11
 Georgia Rogers, C-15
 Brenda Sanddal, C-11
 Ed Schwab, C-15

Total programs: 28

UNIT VIINo. of
ProgramsType of Program

Contact: Sanford Hostetter Ext. 280

COTTAGE 15 REPORTS
 by Sanford Hostetter

Below is 7 days of data for T.K. on the bladder control phase of the rapid toilet training program described in last week's Behaviorist.

	<u>Day 1</u>	<u>Day 2</u>	<u>Day 3</u>	<u>Day 4</u>	<u>Day 5</u>	<u>Day 6</u>	<u>Day 7</u>
*Voiding latency in minutes (average)	3.75	3.90	4.62	5.24	5.70	5.04	2.50
Voiding latencies of 1 minute or less	5	4	3	3	3	2	6
Voiding latency range in minutes	14-.1	18-.08	16.3-.01	20-.07	18-.07	19-.03	7-.03
Successful eliminations	13	10	7	6	7	9	10
Accidents	2	1	0	3	0	3	3
No. of non-successes during 20 minutes on toilet	1	1	1	1	3	2	1
Training hours	6.0	5.0	3.5	4.0	4.5	4.5	5.0

*Voiding latency is the length of time between seating the patient on the toilet and the onset of an elimination on the toilet.

The bladder control phase of the rapid toilet training program has not been successful in teaching T.K. to eliminate within 1 minute after being placed on the toilet. The intensive program did result in an increase of successful eliminations on the toilet from 0 during baseline week to 61 during the week of intensive training.

The staff had several problems during the first seven days of training. The greatest problem was effectively dealing with T.K.'s frequent episodes of non-compliance which lasted up to 45 minutes in duration. During these episodes T.K. would refuse liquids, refuse to go to the toileting area, refuse to pull down pants or underpants, and when seated on the toilet would look straight down at toilet instead of around the room as he usually did. At no time during the 7 days did the patient eliminate when the aforementioned behaviors occurred. During the first 6 days of training the non-compliant episodes were ignored. On the 7th day a timeout procedure was employed whereby the trainer left the toilet area for 30 seconds.

Several other factors that may have inhibited the success of the program were: 1) up to six different trainers employing the procedures each day 2) fewer than 6 hours of training on all but one day and 3) the fact that training was discontinued between 12:00 and 2:00 p.m. so the patient could take a nap.

Although the staff did not experience the success that others have reported, they still have confidence in the procedure and plan to control in their next attempt the variables mentioned that may have influenced the outcome.

ADVICE COLUMN

Dear B.B.

What can we do to get more people to help in different kinds of training for the children? It seems that nobody wants to get involved with the needs of our many patients.

Needs Help

Dear Needs Help,

You have expressed a very important and difficult problem. While no one has a ready answer, we can tell you how the B.M. staff is approaching the problem. In general, our feeling is that because there are so many people who need help and there are so few psychologists, that a somewhat different approach than has been used in the past is needed.

Two psychologists named Tharp and Wetsel have suggested using a "triadic model." What this means is that instead of psychologists bringing one troubled person at a time into their offices, that they should be working with the people who care for, live with, and affect the troubled ones. This means that instead of working directly with troubled persons, psychologists should work with parents, teachers and others to advise them as to how to deal with the person's behavior problems. This is much more efficient. For example, one psychologist might work with 30 parents and teachers who may be dealing with 500 children with behavior problems.

What this means with regard to institutions for the mentally retarded is that B.M.S.s should concentrate on training direct-care personnel (attendants, teachers, etc.) in the techniques of behavior management (rather than direct one-to-one training of patients), for in this way, we have a much better system for meeting the needs of our many patients. This kind of system can spread widely too, for once an Attendant Counselor is trained, he can then train others himself.

Richard P. Swenson, Ph.D.

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The Boulder Behaviorist

1000 Main Avenue
Helena, Montana 59601

Vol. I No. 13

Jefferson River School and Hospital
Boulder, Montana 59632

May 24, 1973

WINNERS OF MAY 18 DRAWING

Gladys Frank	Unit I	Steak dinner
Norma Johnson	Unit IV	Fiesta and coke
Dorothy Magee	Unit III	\$5.00 gift certificate
Velma McElravy	Unit V	\$5.00 gift certificate
Georgia Rogers	Unit VII	\$1.00 gift certificate
Richard Rosling	Unit VII	\$5.00 gift certificate
Alice Saari	Unit IV	Hot fudge sundae
Brenda Sanddal	Unit VII	\$1.00 gift certificate
Ed Schwab	Unit VII	California fruit basket
Karen Wheeler	Unit IV	Chicken dinner

STATE DOCUMENTS

OCT 23 1974

BUSINESSES CONTRIBUTE

Abel's Conoco Service, 330-11th,	Helena
Ben Franklin Store	Helena
Boulder Cash Grocery	Boulder
Boulder Monitor	Boulder
Brackman's Food Market	Helena
Cabin Bar	Basin
Circus Twin Theatre	Helena
Colonial Hilton	Helena
Dairy Queen	Helena
Diamond S Ranchotel	Boulder
Dot's Spot	Boulder
First National Insurance	Boulder
Gambles	Boulder
J.C. Penneys	Helena
Marilyn's Drive-in Cafe & Bar	Boulder
Owl Bar	Boulder
Paul's Professional Pharmacy	
2225-11th,	Helena
Pizza Hut	Helena
Sleeping Giant Lodge	Helena
Suds Hut	Helena
Tempo Department Store	Helena
Terry's Convenient Foods	Helena
The Globe	Helena
Western Drug	Helena
Windsor Bar	Boulder

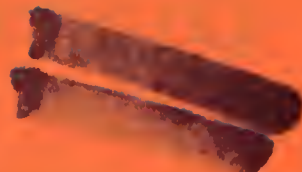
GENETICS SEMINAR TO BE HELD AT BRS&H

The Seventh Annual Genetics Seminar will be held at BRS&H July 2 and 3, 1973. Joining P.D. Pallister, M.D. in presenting the seminar will be Victor A. McKusick, M.D., Professor of Medicine, Johns Hopkins University, Arno G. Motulsky, M.D., Professor of Medicine and Genetics, University of Washington, John M. Opitz, M.D., Professor of Pediatrics and Medical Genetics, University of Wisconsin, and Jurgen Herrmann, M.D., Assistant Professor of Pediatrics, University of Wisconsin.

The seminar will largely deal with syndromes, some recently described in Montana, connective tissue and skeletal dysplasias, genetics of cardiovascular disease, genetics of intellect and mental retardation, abnormalities of sex determination and sex differentiation, mucopolysaccharidoses, and the impact of genetics on society today. Case presentations will be part of the seminar. Interested persons are invited to register in advance by contacting Dr. P.D. Pallister at BRS&H.

Robert M. Perry, Superintendent
Keith McCarty, Chief, Paramedical Services

Richard P. Swenson, Ph.D., Director, Title I
Barbara Holum, Editor



RAPID TOILETING PROCEDURE IN COTTAGE 15
by Sanford Hostetter

On Wednesday, May 16, T.K. began training in a rapid toileting program. The program in use is based on the procedure outlined in the POTTI TRAINING MANUAL, designed at Pacific State Hospital in Pomona, California. (The last issue of the Boulder Behaviorist mistakenly reported that we would use the procedure described by Azrin and Foxx).

Briefly, the procedure involves the following:

1. Six hours of training are conducted daily.
2. At five minutes before the hour and half-hour, the patient is given as much liquid as he will drink for five minutes.
3. On the hour and half-hour, the patient is placed on the toilet. He is left on the toilet until he eliminates or until 20 minutes expires, whichever occurs first.
4. If the patient eliminates before the 20 minutes expires, he is immediately reinforced and is taken to a play area adjacent to the toilet area. He is allowed to play until the next time he receives liquids. During the play time, the trainer checks the patient each five minutes to see if he is dry. If the patient is dry, the trainer reinforces him. If he is wet, all toys are removed and the wet clothing remains on

the patient until the next time for liquids. The patient is reprimanded for being wet and the five minute pant checks continue.

5. If no elimination occurs while the patient is on the toilet, he is removed at the end of the 20 minutes and is given play time until the next time for receiving liquids.

Several pieces of equipment are used in this program. The patient wears a pant alert apparatus which sounds if the patient wets himself. There is also a potty alert which fits in the toilet and sounds when the patient begins an elimination.

Five of the behavior modification personnel are involved in the training program, working in $\frac{1}{2}$ to $1\frac{1}{2}$ hour shifts. Training does not occur between 12:00 noon and 2:30 because the patient takes a nap.

After six days of training, the patient is not toilet trained, although he is fairly consistent in eliminating. In the six days of training he has had seven accidents. Complete data will be included in the next issue of the Boulder Behaviorist.

TRAINING PROGRAMS BY ATTENDANT COUNSELORS

Based on the names submitted by each BMS, the following is a representation of the type of programs involved and the number of patients in each during the week of May 14 to 18:

UNIT I

No.
of
Patients



Trainers:

David Cross, C-2
Mary Ann Dale, C-1
Gladys Frank, C-1

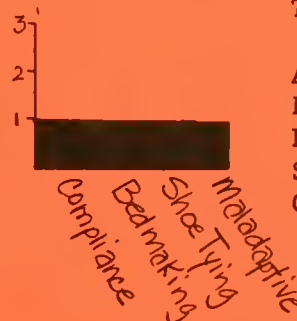
Total programs: 3

Type of Program

Contact: Kathy Byrne, Ext. 218
George Siverts, Ext. 218

UNIT II

No.
of
Patients



Trainers:

Alma Adams, C-13
Bev Miller, C-6
Pam O'Connor, C-6
Sally Zahn, C-6
Cottage 13 Staff

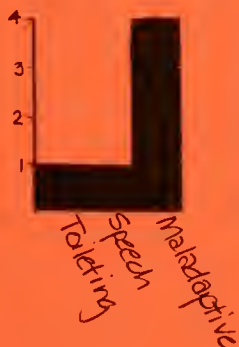
Type of Program

Contact: Nancy O Hara
Ext. 215

Total programs: 4

UNIT III

No.
of
Patients



Trainers:

Bob Briggs, C-7
Bev Eyster, C-7
Dorothy Magee, C-10

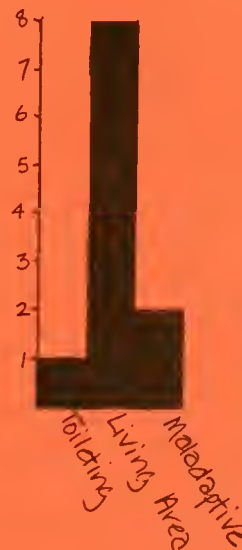
Total programs: 6

Type of Program

Contact: Gary DeMille
Ext. 216

UNIT IV

No.
of
Patients



Type of Program

Trainers:

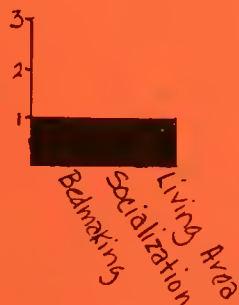
Norma Johnson, C-4
Alice Saari, C-4
Karen Wheeler, C-4

Total programs: 11

Contact: Patty Hathaway
Ext. 220

UNIT V

No.
of
Patients



Trainers:

Eunice Banfield, C-14
Velma McElravy, C-9 & 14

Total programs: 3

Type of Program

Contact: John Dineen, Ext. 212
Danny Kelley, Ext. 212

UNIT VI

Contact:

Ron Langworthy
Ext. 222

UNIT VII

No.
of
Patients



Trainers:

Jerry Blackburn, C-11
Jeff Brodnick, C-15
Margaret Olson, C-11
Georgia Rogers, C-15
Richard Rosling, C-11
Brenda Sanddal, C-11
Ed Schwab, C-15

Total programs: 27

Contact:

Sanford Hostetter, 280
Danny Kelley, 247

COLWELL DESCRIBES PINECREST PROJECT

In "Amazing Changes in Profoundly Retarded", Cecil N. Colwell describes a project initiated by Mr. Coates Stuckey, Superintendent of Pinecrest and Dr. Gerard J. Bensberg of Southern Regional Education Board.

Two essential questions were posed in the Pinecrest project: could nonprofessional personnel learn to apply Ellis' behavioral model for toilet training in a cottage setting where there normally is a high ratio of residents to the staff, and, secondly, could the children be taught to achieve at a more independent level.

Cottage parents who were to do the training were selected with great care, primarily on the basis of personal characteristics. Criteria were openmindedness, consistency, evenness of temperament, and the ability to stay on a schedule, to get along with other people, to speak clearly and distinctly, and to use gestures effectively along with spoken commands. They had to be the type who would not let a child "get his goat."

After 3 months of training, it was clear that cottage parents proved to be excellent at training and children could be trained in a cottage setting. In this short time, the students had become toilet trained, had learned to feed themselves with forks and spoons and to dress themselves with minor help. They were also more relaxed and were anxious to please their cottage parents. Stereotypic behavior tended to disappear and their frustration level was raised.

Two major principles were involved in the method of training which was used. The

first was positive reinforcement or rewards; the second was leading the individual gradually to the required response by rewarding each improvement along the way.

In training, they rewarded successes and ignored failures. Most retarded children experience little success in life. The result is that many stop trying, just as the unsuccessful angler stops fishing.

They applied the second principle by breaking down self-help tasks and teaching one part at a time. They were arranged in a teaching order so that the child encountered the easiest part of the task first and was rewarded for it. Every effort was made to see that the child succeeded.

At first social praise meant nothing to the children, primarily because it had often been so misused. To strengthen the value of social rewards, a bit of candy or cookie was paired with it and given after the child made an appropriate response. Then as praise came to mean more to the child, it was used to maintain skills that had been learned.

Exact and precise use of meaningful rewards has made the children more confident to tackle new situations.

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Journal of Behaviorist

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OCT 20 1974

Vol. I No. 12

Boulder River School and Hospital
Boulder, Montana 59632

May 17, 1973

STATE DOCUMENTS

INCENTIVE SYSTEM IS CLARIFIED

by Ron Langworthy

It now seems appropriate to clarify some of the thinking behind the attendant incentive program. First of all, it is entirely voluntary. If one wants to do be-mod training but does not want to have his name published for it nor have his name entered in the drawing for prizes, we respect that choice.

Secondly, the attendant incentive program is justified because only a small percentage of the direct care workers at BRS&H do officially recognizable training, and our aim is to increase that percentage. The B.M. staff has no direct supervision over Attendant Counselors, so we must find other means to increase training.

The incentive program is more in keeping with be-mod principles anyway, since to say, "do training or else" is aversive, while the incentive program relies on positive reinforcement for its effectiveness. Trainers receive positive reinforcement directly through the incentive program. Their names are submitted in the drawing for initiation (each new program), perseverance (doing a program 5 days in a row), quantity (the more programs one does the more times it is possible to be included in the drawing), and quality (graduating a step).

Thirdly, the objection has been raised that it is possible to do no training and yet win prizes. This could be possible if one simply filled out data sheets each week without actually training. There are over 640 patients, 250 direct care workers, and 15 people on the B.M. staff. This diffusion of the B.M. staff

does not allow for extremely close supervision of programs. However sooner or later a BMS would notice such a situation since we do not allow programs to continue unchanged for long when no change occurs in the patient's behavior. The above objection has not been a problem; our reliance on the honesty of Attendant Counselors has not been misguided.

Another objection is that attendants should not receive prizes for doing what they are being paid to do in the first place, since training is a big part of the job description. Without entering into a lengthy analysis of the myriad of factors involved, it can be stated simply that the existence of the incentive system is proof of its need to be in existence. That is, if all attendants did in fact do B.M. training, we wouldn't need an incentive system. It should be pointed out that if we were to apply the term "training" to such things as specializing patients for the toilet, casually showing them how to do things, interacting socially and so on, we would have to define "training" in unacceptably loose terms. It is well to repeat that behavior modification is the one official training technique to be used at BRS&H.

In conclusion, we are proud to relate that the incentive system, especially in the last two weeks, has been highly successful. After maintaining steadily at an average of 31.1 programs by Attendant Counselors per week for nine weeks, the graph of attendant programs has jumped to 61 and then to 77 on the tenth and eleventh weeks. This represents an increase of well over 100%.



COTTAGE 15 REPORTS

Even though the basic training techniques and programming remains the same, the organization of Cottage 15 as a training cottage has changed somewhat. Sanford Hostetter assumed responsibility as supervisor of all training in the cottage on April 26. The behavior modification staff conducting training there has been reduced to six people - Chryst Anderson, Kathy Byrne, Ken Brown, Patty Hathaway, Sanford Hostetter and Ardyce LaFontaine - who all spend from two to four hours training in the cottage.

The Attendant Counselors in Cottage 15 have assumed responsibility for 46 sessions of training per day, which has facilitated the continuity of all training programs.

In addition, every training program will be evaluated bi-monthly in terms of each patient's total training time and his number of step graduations. This procedure will regularly monitor an individual's rate of progress and will help the trainers determine the effectiveness of their techniques.

On May 16 one patient is scheduled to participate in a rapid toilet training program, as described by Azrin and Foxx.

BUSINESSES CONTRIBUTE

We wish to express our appreciation to the following businesses for their support in our attendant incentive program.

Abel's Conoco Service, 330-11th,	Helena
Ben Franklin Store	Helena
Boulder Cash Grocery	Boulder
Boulder Monitor	Boulder
Brackman's Food Market	Helena
Cabin Bar	Basin
Circus Twin Theatre	Helena
Colonial Hilton	Helena
Dairy Queen	Helena
Diamond S Ranchotel	Boulder

Dot's Spot	Boulder
First National Insurance	Boulder
Gambles	Boulder
J.C. Penneys	Helena
Marilyn's Drive-in Cafe & Bar	Boulder
Owl Bar	Boulder
Paul's Professional Pharmacy	
2225-11th,	Helena
Pizza Hut	Helena
Sleeping Giant Lodge	Helena
Suds Hut	Helena
Tempo Department Store	Helena
Terry's Convenient Foods	Helena
The Globe	Helena
Western Drug	Helena
Windsor Bar	Helena

WINNERS OF MAY 11 DRAWING

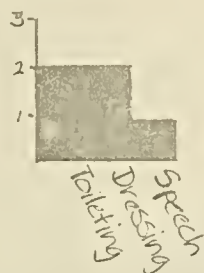
Alice Saari	Unit IV	Six pack coke
John Morgan	Unit V	Theatre admission
Margaret Brown	Unit V	Dinner
Helen Norris	Unit IV	\$5.00 gift cert.
Dave Voss	Unit V	Meal
Georgia Rogers	Unit VII	Banana split
Brent Rast	Unit I	Subscription to Boulder Monitor
Ed Schwab	Unit VII	Bucket of chicken \$1.00 gift cert.
Brenda Sanddal	Unit VII	\$5.00 gift cert.

TRAINING PROGRAMS BY ATTENDANT COUNSELORS

Based on the names submitted by each BMS, the following is a representation of the type of programs involved and the number of patients in each during the week of May 7 to 11:

UNIT I

No.
of
Patients



Trainers:

Mary Ann Dale, C-1
 Gladys Frank, C-1
 Brent Rast, C-2
 Donnie Wartner, C-2

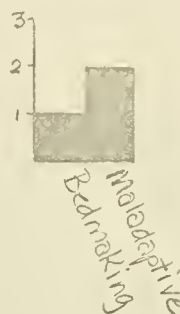
Total programs: 5

Type of Program

Contact: Kathy Byrne, Ext. 287
 George Siverts, Ext. 277

UNIT II

No.
of
Patients



Trainers:

Beverly Miller, C-6
 Sally Zahn, C-6
 Cottage 13 staff

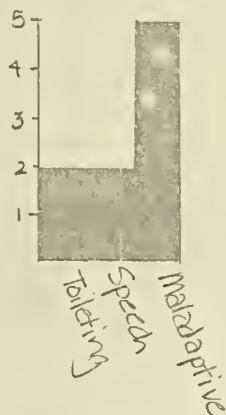
Total programs: 3

Type of Program

Contact: Ardyce LaFontaine, Ext. 215
 Nancy O Hara, Ext. 215

UNIT III

No.
of
Patients

Type of Program

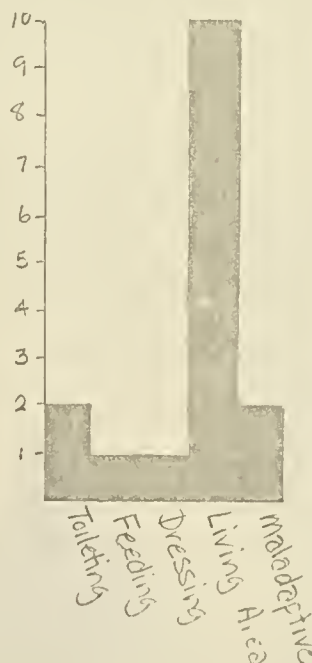
Trainers: Bob Briggs, C-7
 Bev Eyster, C-7
 Dorothy Magee, C-10
 Kate Seivers, C-10
 Alana Semmons, C-7

Total programs: 9

Contact: Gary DeMille
 Ext. 216

UNIT IV

No.
of
Patients

Type of Program

Trainers:

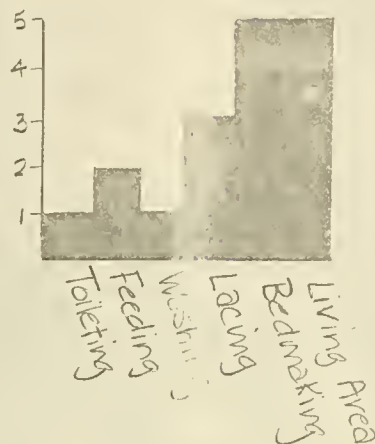
Margaret Douglas, C-4
 Norma Johnson, C-4
 Helen Norris, C-4 & 5
 Marlene O'Donnell, C-4
 Alice Saari, C-4
 Kathy Sokoloski, C-5
 Karen Wheeler, C-4

Total programs: 16

Contact: Patty Hathaway
 Ext. 220

UNIT V

No.
of
Patients



Type of Program

Trainers:

Mae Anderson, C-14
Eunice Banfield, C-14
Margaret Brown, C-14
Eve Christianson, C-14
Velma McElravy, C-9 & 14
John Morgan, C-9
Leonard Vialpando, C-9
Dave Voss, C-9

Total programs: 17

Contact: John Dineen, Ext. 212
Danny Kelley, Ext. 212

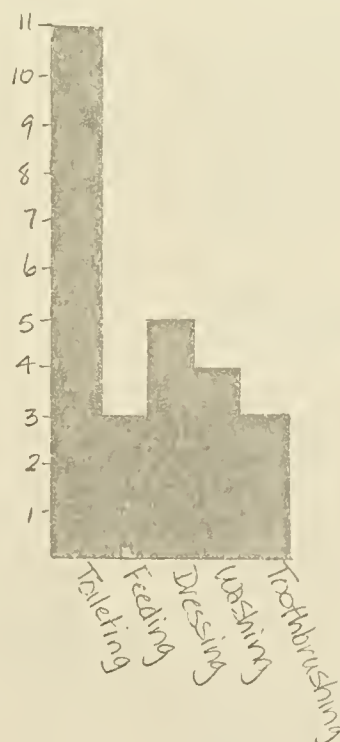
UNIT VI

Contact:

Ron Langworthy
Ext. 222

UNIT VII

No.
of
Patients



Type of Program

Trainers:

Jerry Blackburn, C-11
Jeff Brodnick, C-15
Terry Foley, C-15
Georgia Pogers, C-15
Richard Rosling, C-11
Gary Rudolph, C-15
Brenda Sanddal, C-11
Ed Schwab, C-15

Total programs: 26

Contact:

Sanford Hostetter
Ext. 280

Danny Kelley
Ext. 247

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The Boulder Behaviorist

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OCT 29 1974

Vol. I No. XI

Boulder River School and Hospital
Boulder, Montana 59632

May 10, 1973

STATE DOCUMENTS

CONTRIBUTED PRIZES

Because so many businesses have generously supported our program, we are now able to offer a variety of fine gifts as prizes in the Friday drawings. Some of the contributions to date include dinners and lunches at the Colonial Hilton, steak dinners at the Sleeping Giant Lodge, \$5.00 gift certificates at Tempos, Penneys, Western Drug, Paul's Professional Pharmacy and the Globe, chicken dinners at the Suds Hut and Colonel Sanders, free theatre admissions at the Circus Twin Theatre, large pizzas at the Pizza Hut, subscriptions to the Boulder Monitor and various treats from many other places.

WINNERS OF MAY 4 DRAWING

Gary Rudolph	Unit VII	Large pizza
Georgia Rogers	Unit VII	California fruit basket
		\$5.00 gift cert.
Ed Schwab	Unit VII	Theatre admission
		Hamburger & coke
Dave Voss	Unit V	\$5.00 gift cert.
Monica Cox	Unit IV	Pitcher of beer
Norma Johnson	Unit IV	Chicken dinner
Velma McElravy	Unit V	Queen burger
Alice Saari	Unit IV	\$5.00 gift cert.

GENETICS SEMINAR TO BE HELD AT BRS&H

The Seventh Annual Genetics Seminar will be held at BRS&H July 2 and 3, 1973. Joining P.D. Pallister, M.D. in presenting the seminar will be Victor A. McKusick, M.D., Professor of Medicine, Johns Hopkins University, Arno G. Motulsky, M.D., Professor of Medicine and Genetics, University of Washington, John M. Opitz, M.D., Professor of Pediatrics and Medical Genetics, University of Wisconsin, and Jurgen Herrmann, M.D., Assistant Professor of Pediatrics, University of Wisconsin.

The seminar will largely deal with syndromes, some recently described in Montana, connective tissue and skeletal dysplasias, genetics of cardiovascular disease, genetics of intellect and mental retardation, abnormalities of sex determination and sex differentiation, mucopolysaccharidoses, and the impact of genetics on society today. Case presentations will be part of the seminar. Interested persons are invited to register in advance by contacting Dr. P.D. Pallister at BRS&H.

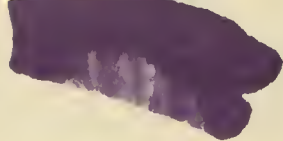
TRAINING BY ATTENDANT COUNSELORS SINCE FEBRUARY 26

Ten weeks have passed since we began recording and rewarding training by Attendant Counselors who systematically apply the techniques of behavior modification. The time has come to look at the effect of these procedures on the number of training programs by Attendant Counselors.

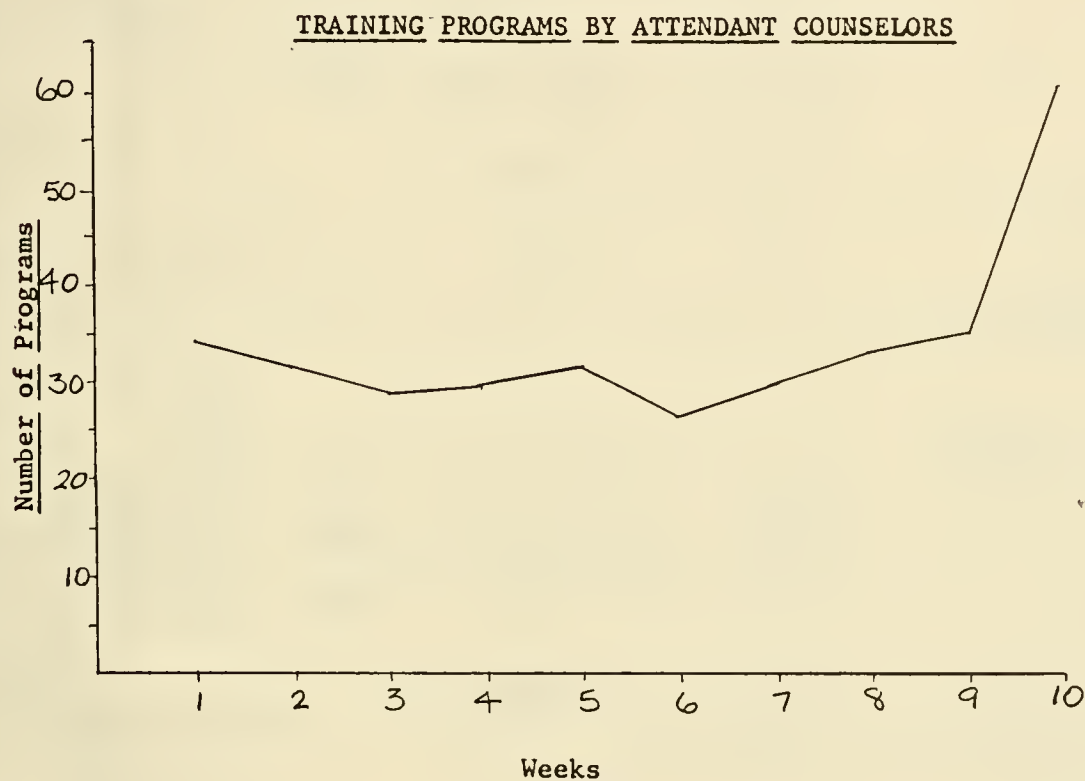
The following graph represents the total number of training programs by Attendant Counselors each week since Feb. 26, 1973.

Robert M. Perry, Superintendent
Keith McCarty, Chief, Paramedical Services

Richard P. Swenson, Ph.D., Director, Title I
Barbara Holum, Editor



as reported by each unit's BMS. Hopefully the dramatic increase in training last week is an indication of a permanent trend.

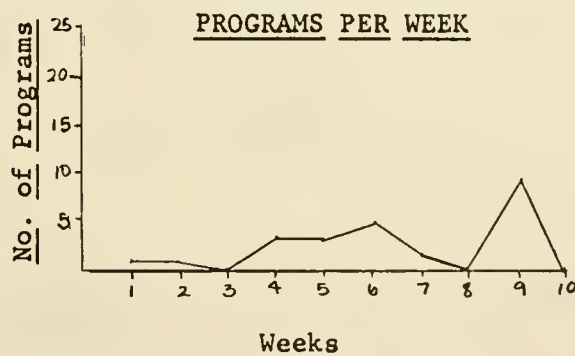


The following bar graphs represent the number and type of training programs by Attendant Counselors during the week of April 30 to May 4, as reported by the Behavior Modification Specialist in each unit. The symbols in each graph indicate the trainer of each program. Also included in each unit section is a graph indicating the number of programs by Attendant Counselors in that unit each week since February 26, 1973.

UNIT I

None reported.

Contact:
George Siverts, Ext. 277
Kathy Byrne, Ext. 277



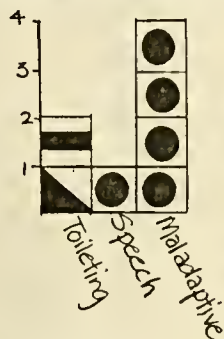
UNIT IINo.
of
ProgramsType of Program

Trainers:

- Beverly Miller, C-6
- Sally Zahn, C-6
- Cottage 13 Staff

Total programs: 3

Contact: Nancy O Hara, Ext. 215
Ardyce LaFontaine

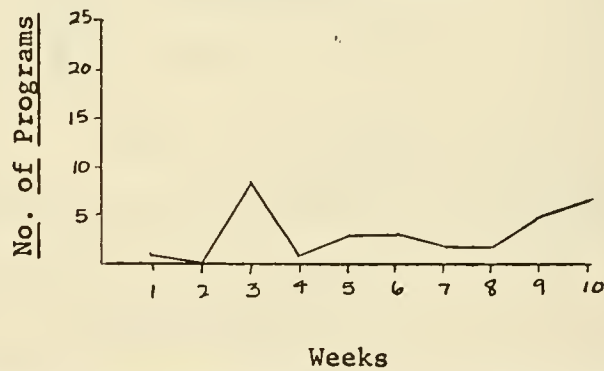
PROGRAMS PER WEEKUNIT IIINo.
of
ProgramsType of Program

Trainers:

- Bev Eyster, C-7
- Dorothy Magee, C-10
- Dorothy Magee, C-10
- Delman Stevens, C-7

Total programs: 7

Contact: Gary DeMille
Ext. 216

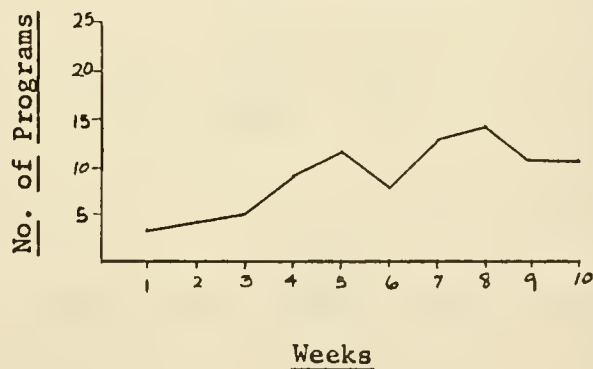
PROGRAMS PER WEEKUNIT IVNo.
of
ProgramsType of Program

Trainers:

- Monica Cox, C-5
- Norma Johnson, C-4
- Alice Saari, C-4
- Kathy Sokoloski, C-5
- Karen Wheeler, C-4

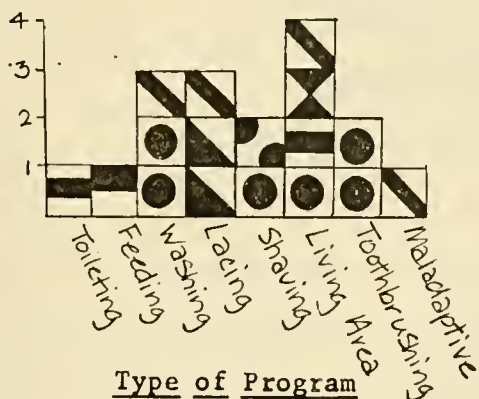
Total programs: 11

Contact: Patty Hathaway
Ext. 220

PROGRAMS PER WEEK

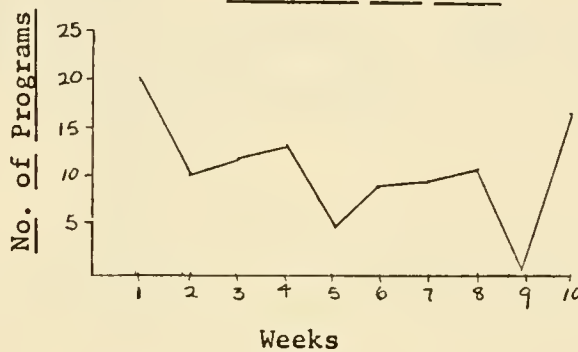
UNIT V

No.
of
Programs



Type of Program

PROGRAMS PER WEEK



Trainers:

- Bob Abbott, C-9
- Margaret Brown, C-14
- Lois May, C-9 & 14
- Velma McElravy, C-9 & 14

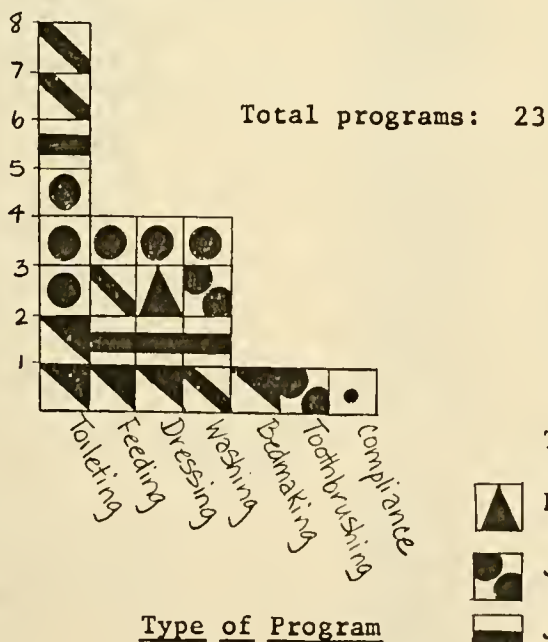
- John Morgan, C-9
- Leonard Vialpando, C-9
- Dave Voss, C-9

Total programs: 17

Contact: John Dineen, Ext. 212
Danny Kelley, Ext. 212

UNIT VII

No.
of
Programs



Total programs: 23

Type of Program

PROGRAMS PER WEEK



Trainers:

- Karen Banka, C-15
- Jerry Blackburn, C-11
- Jeff Brodnick, C-15
- Georgia Rogers, C-15
- Richard Rosling, C-11
- Gary Rudolph, C-15
- Ed Schwab, C-15

Contact: Sanford Hostetter
Ext. 280

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The Boulder Behaviorist

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Vol. I No. X

Boulder River School and Hospital
Boulder, Montana 59632

May 3, 1973

WINNERS OF APRIL 27 DRAWING

Dorothy Magee	Unit III	\$5.00 gift certificate Six pack beer \$1.00 gift certificate
Norma Johnson	Unit IV	Steak dinner
Gladys Frank	Unit I	Pitcher of beer
David Cross	Unit I	Large pizza
Karen Banka	Unit VII	Six pack beer
Mary Ann Dale	Unit I	\$5.00 gift certificate
Alma DeMers	Unit IV	California fruit basket
Monica Cox	Unit IV	Classified ad for a month in the <u>Boulder Monitor</u>

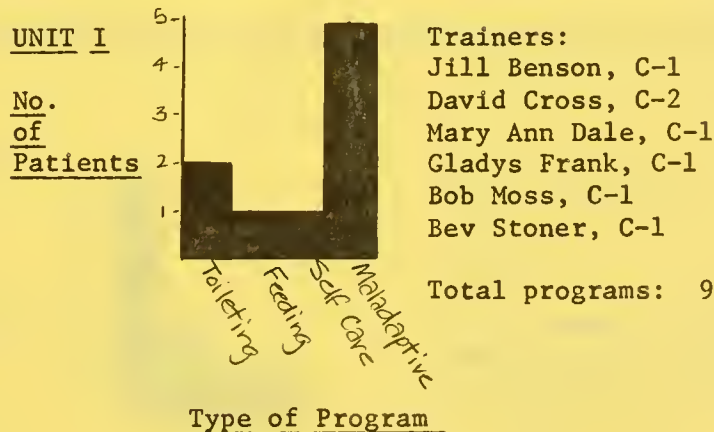
OCT 29 1974

CONTRIBUTORS

Abel's Conoco Service, 330-11th,	Helena
Ben Franklin Store	Helena
Boulder Cash Grocery	Boulder
Boulder Monitor	Boulder
Brackman's Food Market	Helena
Cabin Bar	Basin
Circus Twin Theatre	Helena
Dairy Queen	Helena
Diamond S Ranchotel	Boulder
Dot's Spot	Boulder
First National Insurance	Boulder
Gambles	Boulder
J.C. Penneys	Helena
Marilyn's Drive-in Cafe & Bar	Boulder
Owl Bar	Boulder
Paul's Professional Pharmacy	
2225-11th,	Helena
Pizza Hut	Helena
Sleeping Giant Lodge	Helena
Suds Hut	Helena
Tempo Department Store	Helena
The Globe	Helena
Western Drug	Helena
Windsor Bar	Boulder

TRAINING PROGRAMS BY ATTENDANT COUNSELORS

Based on the names submitted by each BMS, the following is a representation of the type of programs involved and the number of patients in each during the week of April 27:



Contact: George Siverts, Ext. 277
Kathy Byrne, Ext. 277

Robert M. Perry, Superintendent
Keith McCarty, Chief, Paramedical Services

Richard P. Swenson, Ph.D., Director, Title I
Barbara Holum, Editor

~~SECRET~~

MEMORANDUM FOR THE RECORD

SUBJECT: [Illegible]

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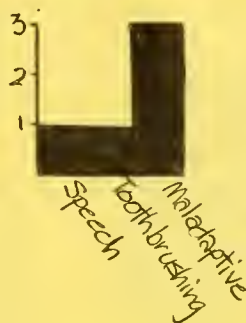
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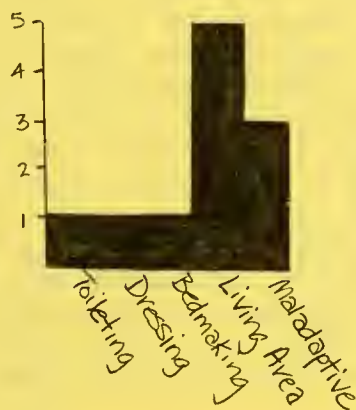
UNIT II

None reported.

Contact:

Nancy O Hara
Ext. 215UNIT IIINo.
of
PatientsType of Program

Total programs: 5

Trainers: Bev Eyster, C-7
Dorothy Magee, C-10Contact: Gary DeMille
Ext. 216UNIT IVNo.
of
PatientsType of Program

Total programs: 11

Trainers:

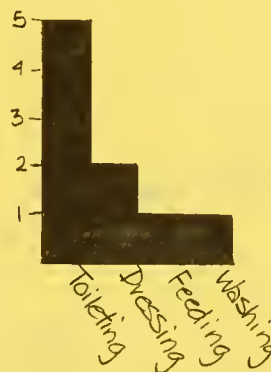
Monica Cox, C-5
Alma DeMers, C-5
Norma Johnson, C-4
Billy Rudolph, C-5
Alice Saari, C-4

Contact:

Patty Hathaway
Ext. 220UNIT VNo.
of
PatientsType of Program

Total programs: 1

Trainers: Margaret Brown, C-14

Contact: John Dineen, Ext. 212
Danny Kelley, Ext. 212UNIT VIINo.
of
PatientsType of Program

Total programs: 9

Trainers:

Karen Banka, C-15
Jeff Brodnick, C-15
Rich Guyman, C-15
Ed Schwab, C-15

Contact:

Sanford Hostetter
Ext. 280

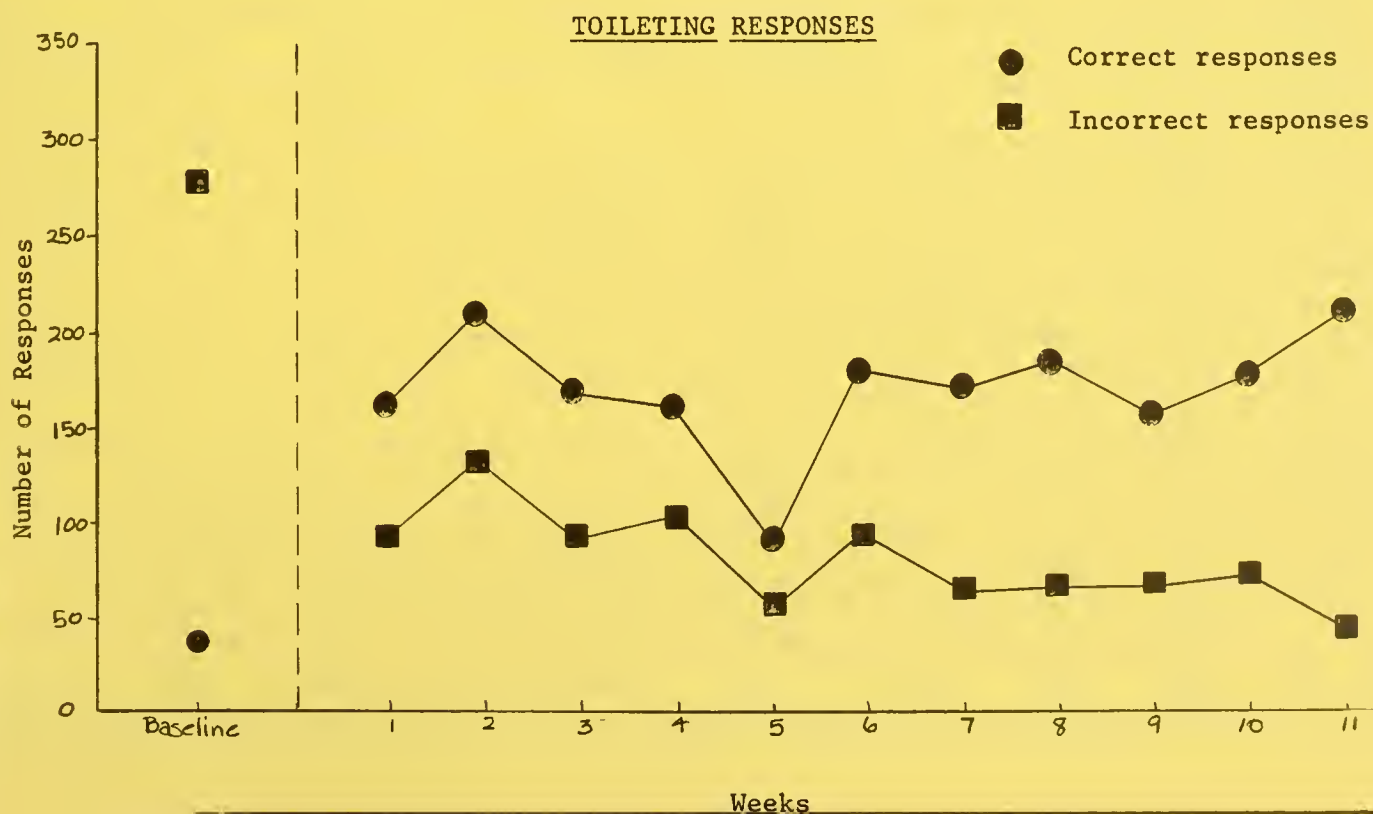
PRELIMINARY FINDINGS OF COTTAGE 15 PROJECT

Cottage 15 was established last January as a training cottage to develop a general model for similar projects and to develop and refine training procedures. Cottage 15 was chosen for the project because the young age of the patients made it a high priority cottage for training. The patients range in age from 4 - 16, with an average of 9.9 years. Based on the Adaptive Behavior Scale, 14 of the 22 patients are profoundly retarded in adaptive behavior, 4 severely, 2 moderately and 2 mildly retarded.

Baseline began on January 23. Two weeks later on February 6 intervention began, the focus of which was training of self-help skills. The data presented here are based on 11 weeks of intervention, as of April 20. Until April 20, all behavioral personnel spent a portion of their day in Cottage 15. Their time in the cottage represents 1,934 manhours. With the total number of step graduations by patients as 176, this averages approximately 11 man-hours for each step acquisition. The average number of steps graduated per patient was 8.

Several interesting facts have emerged from the comparison of baseline conditions to current conditions. The food spilled per meal averaged 17.88 ounces in weight during baseline and currently averages 4.67 ounces. The number of soiled clothing articles has decreased dramatically from a weekly average of 595 during baseline to 49 in the 11th week of intervention. The number of training programs by Attendant Counselors has increased from 3 to 17.

The following is a graph of the total toileting responses per week. "Correct responses" indicate urination or defecation in the toilet. This figure reflects both the responses which occur when a patient is placed on the toilet by a trainer and those which occur when a patient self-initiates. "Incorrect responses" indicate urination or defecation in places other than the toilet.



The following table represents the number of steps each patient acquired in the various types of training programs. Since not all patients were in the training cottage the complete 11 weeks (due to illness, transfers, or home visits), their time in weeks is also indicated. Zeroes mean the patient was in training for that skill but graduated no steps.

COTTAGE 15 STEP ACQUISITION

Patient	Toileting	Dressing	Feeding	Washing	Second Dressing	Tooth-brushing	Lacing & Tying	Total	Weeks in Cottage
N.A.	0	0	0					0	5
L.B.	0	0						0	11
T.B.		5		2				7	11
S.C.	7	5	1				5	18	9
J.D.				8		12	8	28	11
D.D.	1	1	0					2	11
R.F.	0	0	1					1	11
C.H.	7				1			8	11
B.I.				5		12	8	25	11
N.J.	0	0						0	11
T.K.	6	5						11	11
S.M.	1	1						2	8
C.M.				8		8	5	21	11
J.N.		1		2	5			8	9
D.P.	3			0		1		4	4
E.W.	2	4	1					7	9
H.B.				2	1	7		10	10
T.B.				2	1		1	4	6½
B.E.	1						5	6	8
A.N.	1			4			5	10	8
Totals	33	22	3	33	8	41	37	176	

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The Boulder Behaviorist

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Vol. I No. IX

Boulder River School and Hospital
 Boulder, Montana 59632

April 29, 1973

SWENSON GIVES PAPER ON COTTAGE 15

Dr. Richard Swenson, Director of the ESEA Title I Grant, presented a paper concerning the Cottage 15 Project at the Montana Psychological Association Convention in Missoula, April 28. The title of the paper was "The Cottage 15 Project: Development and Preliminary Findings". Dr. Swenson wishes to acknowledge Chrys Anderson, Kathy Byrne and Barbara Holum for their helpful assistance in analyzing the data and preparing graphs and tables. The paper will be submitted as a supplement to the next issue of the Boulder Behaviorist.

MAIER AND ROGERS GO TO COLORADO WORKSHOP

Barb Maier and Georgia Rogers have returned from participating in the Educational Workshop in Pueblo, Colorado April 25 - 28. The two Attendant Counselors, chosen to go by a special committee, were exposed to many new ideas at the workshop and are eager to test their application. They reported the workshop was very interesting and a good learning experience.

WINNERS OF APRIL 20 DRAWING

Alice Saari	Unit IV	\$5.00 gift cert. Cheeseburger Six pack beer Pitcher beer
Ed Schwab	Unit VII	Large pizza Theatre admission
Bev Eyster	Unit III	8 track tape
Kathy Sokoloski	Unit IV	\$5.00 gift cert.
Norma Johnson	Unit IV	Bucket of chicken
Karen Banka	Unit VII	Six pack beer

Robert M. Perry, Superintendent
 Keith McCarty, Chief, Paramedical Services

CONTRIBUTORS

We extend a sincere thank you to the following businesses for their support to the Attendant Incentive program:

Abel's Conoco Service, 330-11th	Helena
Ben Franklin,	Helena
Boulder Cash Grocery	Boulder
Boulder Monitor	Boulder
Brackman's Food Market	Helena
Cabin Bar	Basin
Circus Twin Theatre	Helena
Dairy Queen	Helena
Diamond S Ranchotel	Boulder
Dot's Spot	Boulder
First National Insurance	Boulder
Gambles	Boulder
J.C. Penneys	Helena
Marilyn's Drive-in Cafe & Bar	Boulder
Owl Bar	Boulder
Paul's Professional Pharmacy	
2225-11th,	Helena
Pizza Hut	Helena
Sleeping Giant Lodge	Helena
Suds Hut	Helena
Tempo Department Store	Helena
The Globe	Helena
Western Drug	Helena
Windsor Bar	Boulder

TRAINING PROGRAMS BY ATTENDANT COUNSELORS

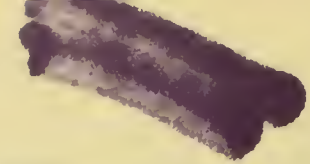
Based on the names submitted for the Attendant Incentive program, the following is a representation of the type of programs involved and the number of patients in each during the week of April 20:

UNIT I

None reported.

Contact: George Siverts, Ext. 277

Richard P. Swenson, Ph.D. Director, Title I
 Barbara Holum, Editor



15-11-01

[The rest of the page contains extremely faint, illegible text, likely bleed-through from the reverse side.]

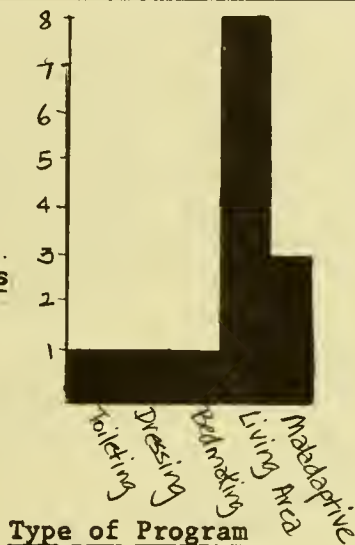
UNIT II

None reported

Contact: Nancy O'Hara, Ext. 215

UNIT IV

No.
of
Patients

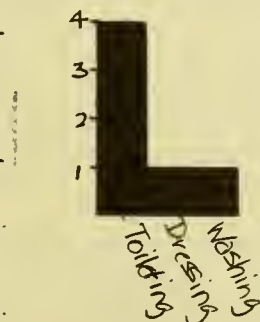


Trainers: Monica Cox, C-5
Alma DeMers, C-5
Norma Johnson, C-4
Alice Saari, C-4
Kathy Sokoloski, C-5

Contact: Patty Hathaway, Ext. 220

UNIT VII

No.
of
Patients

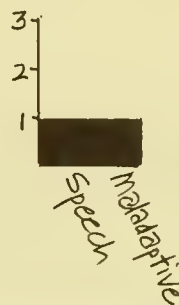


Type of Program

Trainers: Karen Banka, C-15
Rich Guyman, C-15
Ed Schwab, C-15

UNIT III

No.
of
Patients



Type of Program

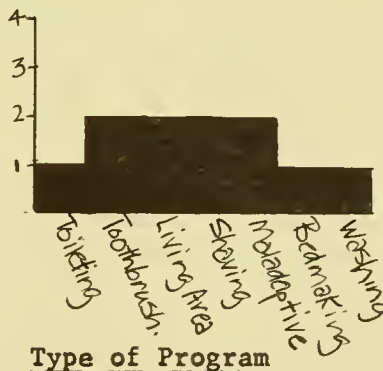
Trainers:

Bev Eyster, C-7
Dorothy Magee, C-10

Contact: Gary DeMille, Ext. 216

UNIT V

No.
of
Patients



Type of Program

Trainers: Bob Abbott, C-9
Eunice Banfield, C-14
Lois May, C-9 & 14
Velma McElravy, C-9 & 14
Dave Voss, C-9

Contact: John Dineen, Ext. 212
Danny Kelley, Ext. 212

Contact: Kathy Byrne, Ext. 280
Sanford Hostatter, Ext. 280

ADVICE COLUMN

Dear B.B.,

Over in the Non-Ambulatory Unit at the hospital we have a female patient who won't keep her clothes on. No matter how you dress her, she manages to get them off. During the morning she's redressed at least a dozen times. If the clothes are tied on in a fashion that you think they'll stay on for awhile, she still manages to tear or rip them off.

What would you do to help keep the clothes on this girl? It would be a great help.

One of the new
Attendants

Dear New Attendant:

I'm glad you asked that question. Steven Royland, an Attendant Counselor who works in non-ambulatory, wrote an excellent training program on this problem as part of Inservice Training.

First, Steve defined the target behavior as the patient's disrobing after she has been dressed. He would then take baseline for five days, recording the number of times this behavior occurred. Reinforcements were defined as hugging, praise, playing, bright colored clothes, and various foods and drinks.

The program begins after baseline is completed, starting with the morning dressing and lasting until bedtime. During the morning dressing, trainer talks to patient in a quiet friendly tone. Once patient is dressed, she is placed in the dayroom next to Ward 4. She is given a toy or game with which she can play. Leave the patient for 15 minutes. If she is still dressed upon your return, praise her for staying dressed, give her a goody to eat, hug

her and play with her for 3 - 5 minutes. If she has undressed herself, either partially or totally, take her toy away and redress her impersonally without looking at her face or talking to her. Do not allow her to hug or play with you.

Repeat this procedure every 15 minutes throughout each day, over both shifts. When the patient has remained dressed for three consecutive hours, increase the observation intervals to 30 minutes, following the same procedure. When the patient has remained dressed for a full day, increase the observation interval to 60 minutes. If the patient regresses at any point, revert to the preceding step until she has again reached criterion for that step.

When the patient has remained dressed for three full days, increase the observation interval to every three hours. When five full days have passed without any disrobing incidents, then check the patient intermittently at random times. Continue to reward her for being dressed at these times. When she has remained dressed for seven consecutive days, start fading your primary reinforcement of food or candy.

If the proper reinforcers for this patient are used and consequences delivered systematically, this program would surely eliminate the disrobing behavior.

There are several other possibilities that could be incorporated into Steve's training program. If the patient likes brightly colored, pretty clothes, she could be redressed with less attractive clothes when she disrobes.

Also, since the patient is so adept at taking her clothes off, she could probably be trained to dress herself. A dressing program could be conducted for 15 minutes a day, in conjunction with the previously outlined program. It would of course be necessary to make this as fun to the patient

as possible. The dressing training however wouldn't be practiced after the patient has disrobed herself, for this extra attention would likely be reinforcing to her. Only when she has learned the complete skill of dressing could she then be made to redress herself after disrobing. No assistance or encouragement would then be given.

TYPICAL DRESSING PROGRAM

The following is a format for teaching the skill of dressing, developed by Sanford Hostetter.

The child will be taught to put on the following articles of clothing in the order in which they are listed:

1. Pants
2. Underpants
3. T-shirt or dress
4. Socks

PANTS OR UNDERPANTS

The procedure for teaching the patient to put on his pants and underpants utilizes the "backward chaining" technique. In this way the patient is taught the last sequence of the skill first, then the next to the last and so on. Loose fitting pants with an elasticized waistband should be used.

Give the same command, "Sam, put on your pants" for all steps and assist him to perform the current task if necessary. Reinforce immediately each successful trial (also reinforce any unsuccessful

attempts by the patient when first shaping the skill). Fade assistance until the patient can perform task unaided.

The steps to training this skill are:

- 1 - Patient pulls his pants from 3 inches below his waist up to his waist.
- 2 - Patient pulls his pants from hip to waist.
- 3 - Patient pulls his pants from knees to waist.
- 4 - Patient pulls his pants from ankles to waist.
- 5 - Patient pulls his pants from around his feet up to his waist.
- 6 - Patient places feet through legs of pants and pulls up to waist.
- 7 - Patient picks up folded pants from bed and puts on.

A similar backward chaining technique is used for the other clothing articles. Criterion for advancement to a new step is 80% success (4 out of 5 trials) or better for three consecutive sessions. At the beginning of each session the patient is expected to put on correctly those items of clothing which he has already learned. Use intermittent social reinforcement (praise, hugs) on all previously learned steps. Ideally, three sessions consisting of five trials each should be conducted each day.

OCT 29 1974

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v.l.n.8*The* **Boulder Behaviorist**East Lyndale Avenue
Helena, Montana 59601

STATE DOCUMENTS

Boulder River School and Hospital
Boulder, Montana 59632

Vol. I. No. VIII

April 19, 1973

MAIER AND ROGERS WIN COLORADO TRIP

Barbara Maier, AC-III from Unit VII, and Georgia Rogers, AC-II also from Unit VII were chosen by a special committee to attend the Educational Workshop in Pueblo, Colorado on April 25-28. Barbara responded to the announcement, "I hope I learn something that will help the institution," and jokingly added, "Do I have to come back?". Barb collected a great deal of experience in feeding and bedmaking programs during the year and a half year she worked as an AC-I in Unit V.

Georgia Rogers is a skilled and dedicated trainer of toothbrushing, feeding and toileting. She has worked in Unit VII for a year and a half. Georgia responded enthusiastically to the award.

Melba Shink, an AC-I from Unit IV was chosen as first alternate to the workshop with Bob Abbott, AC-I from Unit V as the second alternate.

GROWING LIST OF CONTRIBUTORS

We extend a sincere thank you to the following businesses for their support in the Attendant Incentive program:

Abel's Conoco Service, 330-11th,	Helena
Boulder Cash Grocery	Boulder
Boulder Monitor	Boulder
Brackman's Food Market	Helena
Cabin Bar	Basin
Circus Twin Theatre	Helena
Diamond S Ranchotel	Boulder
Dot's Spot	Boulder
First National Insurance	Boulder
Gambles	Boulder
J.C. Penneys	Helena
Marilyn's Drive-in Cafe & Bar	Boulder
Owl Bar	Boulder
Paul's Professional Pharmacy 2225-11th,	Helena
Pizza Hut	Helena
Sleeping Giant Lodge	Helena
Suds Hut	Helena
Tempo Department Store	Helena
Western Drug	Helena
Windsor Bar	Boulder

PRIZES TO BE DRAWN APRIL 20

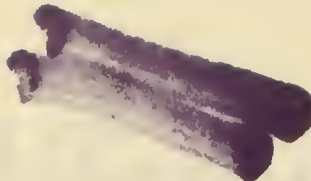
Two \$5.00 gift certificates, a bucket of chicken, a theatre admission, an 8 track tape, a large pizza, a cheeseburger, two six packs and a pitcher of beer will be won by ten Attendant Counselors whose names have been submitted by their BMS for having conducted training sessions on five consecutive days. Names are also submitted upon starting a training program, a step graduation or graduation from a program.

TRAINING PROGRAMS BY ATTENDANT COUNSELORS

Based on the names submitted for the Attendant Incentive program, the following is a representation of the type of programs involved and the number of patients in each during the week of April 13:

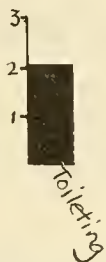
Robert M. Perry, Superintendent
Keith McCarty, Chief Paramedical Services

Richard P. Swenson, Director, Tiele I
Barbara Holum, Editor



UNIT I

No.
of
Patients



Trainers:
Gladys Guthas, C-1
Brent Rast, C-2

Type of Program

Contact: George Siverts, Ext. 277

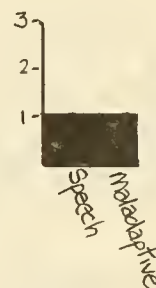
UNIT II

None
Reported.

Contact:
Nancy O'Hara
Ext. 215

UNIT III

No.
of
Patients



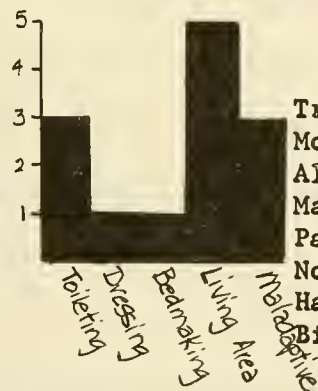
Type of Program

Trainers:
Bev Eyster, C-7
Dorothy Magee, C-10

Contact: Gary DeMille

UNIT IV

No.
of
Patients



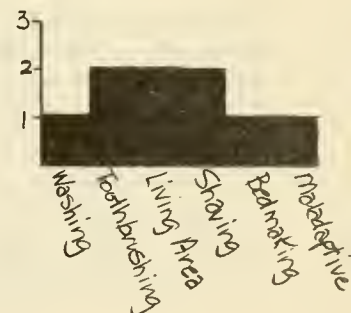
Trainers:
Monica Cox, C-5
Alma DeMers, C-5
Margaret Douglas, C-4
Paul Hagan, C-5
Norma Johnson, C-4
Harold Patrick, C-4
Billie Rudolph, C-5
Alice Saari, C-4
Kathy Sokoloski, C-5
Karen Wheeler, C-4

Type of Program

Contact: Patty Hathaway, Ext. 220

UNIT V

No.
of
Patients



Type of Program

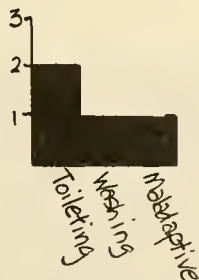
Trainers:

Bob Abbott, C-9
Mae Anderson, C-9 & 14
Eunice Banfield, C-14
Lois May, C-9 & 14
Dave Voss, C-9

Contact: John Dineen, Ext. 212
Danny Kelley, Ext. 212
Kathy Byrne, Ext. 280

UNIT VII

No.
of
Patients

Trainers:

Kathy Lessman, C-15
Brenda Sanddal, C-15
Ed Schwab, C-15

Type of Program

Contact: Kathy Byrne, Ext. 280
Sanford Hostetter, Ext. 280
Ardyce LaFontaine, Ext. 247

WINNERS OF APRIL 13 DRAWING

Brent Rast	Unit I	Steak dinner
Alice Saari	Unit IV	Six pack beer Subscription to <u>Boulder Monitor</u>
Eunice Banfield	Unit V	\$5.00 gift certificate
Alma DeMers	Unit IV	Six pack beer
Lois May	Unit V	Gasoline
Bob Abbott	Unit V	Pitcher beer
Margaret Douglas	Unit IV	Fish Sandwich
Brenda Sanddal	Unit VII	Pitcher beer
Billie Rudolph	Unit IV	Skein yarn

ADVICE COLUMN

Dear B.B.,

In my unit we have a boy who usually, when he wakes up in the morning, goes into the girls' dorm and either hits or bites them. We have tried ignoring him but it only works sometimes. We have thought of giving the girl closest to the door a broom or brush to hit him back. Do you think that would work?

Puzzled

Dear Puzzled,

It probably would - but only when he saw the broom waiting for him. He would be likely to discriminate when there would be painful consequences to his behavior. In other words, he could continue to hit or bite when the girl with the broom wasn't around (and it would probably surprise you how clever he could be at discerning any danger). His behavior would only be under aversive control.

So, the girl-behind-the-door isn't a very good solution. There are also valid institutional restrictions on the use of punishment.

To really change this boy's behavior (eliminate his hitting and biting other people), you are going to have to apply systematic consequences for this behavior. Then everytime he engages in this specific behavior, everyone would know how to react to it.

I would suggest a form of overcorrection as a consequence to this behavior. Dr. and Mrs. Peterson recently presented some convincing data to the effectiveness of this procedure at the behavioral workshop here. When he hits or bites someone, make him apologize to the person he's aggressed and to everyone else present for his bad behavior. In addition, make him help with the cleansing of the wound or whatever must be done for the victim.

Make him an active participant in the reparation of the environment. He must be involved in the "undoing" of what he has done. To do this, you may have to physically guide him in the restitution process. But do so in a stern voice and never praise him for doing a good job of restoring the environment. For then the overcorrection process could become reinforcing to him.

In conjunction with this, an alternative for positive reinforcement should be provided for him. A good possibility is a socialization training program. Such a program would focus on developing constructive social interaction between the patient and his peers.

The first step to this might be having him sit facing another patient (preferably one of the girls he has hit or bitten in the past), placing a piece of candy or food between them and having them take turns picking up the goody. When they are responding correctly (taking turns) at a steady rate, then introduce another patient into the group and have the three of them take turns.

When the group has met the criterion for this step, you might introduce a ball into the program and teach them to

roll it to each other. In this way, the problem patient would learn more appropriate and more reinforcing ways of interacting with others. He will learn it's more fun being cooperative with the girls than being aggressive.

During the initial shaping of each new step, it will probably be necessary to have a trainer behind each child to reinforce him socially or with candy. These extra trainers could gradually be faded out of the situation and only one trainer would be needed.

TOOTHBRUSHING - CONTINUED

In shaping a step, the following procedure is used. The trainer first gives the simple command, "Billy, brush your teeth."

If the patient makes no response or an incorrect one, the trainer gives a verbal prompt based upon the demands of the step. For example, the prompt for step one would be, "Billy, take the cap off." If necessary, physically assist the patient in making the correct response. The trainer could also bring his own toothbrush and model each new step for the patient. Reinforcement is given immediately after the correct response, whether made independently or with guidance. The reinforcer should ideally be secondary - for example, paper clips that can be exchanged for candy at the session's end. The dispensing of candy or food after each trial will interrupt the flow of steps. Use intermittent social reinforcement (praise, hugs) on all previously learned steps.

DATA

Five trials are given in each session, but only the last three are recorded. If the patient makes an incorrect response or requires assistance, the number of the trial is crossed out. If he completes the step correctly and without assistance, the number of the trial is circled. A data sheet might look like this:

<u>DATE</u>	<u>Reinforcer</u>	<u>Trainer</u>			
4/16/73	ice-cream	C.A.	Trial ① / ③	Step 1	% 67

TYPICAL TOOTHBRUSHING PROGRAM

Toothbrushing, an essential skill, can effectively be taught to someone when the steps to the skill are broken down and trained one at a time (called "chaining"). The following is a format developed by Chrys Anderson.

PRETEST

Before a toothbrushing program is started, the patient is tested to determine his present level of skill in toothbrushing. The patient is taken into the bathroom, placed at the basin and given a prepared toothbrush and the command, "Billy, brush your teeth." His performance will determine at which step he should enter the program.

PROCEDURE

The steps of the toothbrushing program are:

1. Remove cap from paste
2. Put paste on brush
3. Put cap back on paste
4. Grasp brush (properly)
5. Wet brush
6. Brush right side
7. Brush left side
8. Brush middle or front
9. Rinse brush
10. Place brush in container
11. Rinse mouth with water

The criterion for advancement from one step to the next is 100% correct responses for three consecutive sessions.

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Boulder Behaviorist

STATE DOCUMENTS

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OCT 29 1974

Vol. I. No. VII

Boulder River School and Hospital
Boulder, Montana 59632

April 12, 1973

COLORADO WORKSHOP AWARD TO BE ANNOUNCED

To be announced in the next issue of the Boulder Behaviorist are the names of the two Attendant Counselors chosen to attend the Educational Workshop in Pueblo, Colo. on April 25--28. A committee comprised of Keith McCarty, Richard Swenson, Dick Heard, Tom Dolan and Dan Anderson will choose the winners. The selections will be made from names submitted by BMSs on the basis of interest and performance in training.

WORKSHOP AT BRS&H NEXT WEEK

If you haven't already done so, make arrangements now with your supervisor to attend at least part of the Workshop on Behavioral Treatment of the Emotionally Disturbed and Developmentally Retarded Child to be held at BRS&H next Monday through Wednesday in the school gymnasium. The workshop will begin at 1:00 p.m. each day and last until about 9:00.

Dr. Robert F. Peterson and his wife Linda will conduct the workshop which is aimed at helping personnel prepare developmentally disabled students for special education programs outside of the institution. Focus will also be made on helping teachers in local districts who will be receiving these students.

Some of the subject topics will be: making sense of behavior, training individual care skills in the mentally retarded, modification of self-destructive behaviors, and techniques for developing imitative and verbal skills in institutionalized patients.

VOSS AND ABBOTT AT MARCA CONVENTION

Dave Voss and Bob Abbott, both from Unit V, left this morning for the MARCA State Convention in Miles City to be held April 13 and 14. They won the trip in the March 23rd drawing of the Attendant Incentive program.

PRIZES TO BE DRAWN APRIL 13

Friday the Thirteenth, in spite of its reputation, will prove to be a lucky day for ten people who will win a steak dinner, \$5.00 gift certificate, gasoline, a subscription to the Boulder Monitor, a skein of yarn, fish sandwich, two six packs of beer and two pitchers of beer.

An Attendant Counselor's name is entered in the drawing if he has conducted training sessions on five consecutive days, has graduated a patient one step in a training program. Furthermore, a new condition has been added for name submission in the incentive program. Any Attendant Counselor who starts a new training program is eligible to participate in the drawing.

Robert M. Perry, Superintendent
Keith McCarty, Chief, Paramedical Services

Richard P. Swenson, Director, Title I
Barbara Holum, Editor



(

WINNERS OF APRIL 6 DRAWING

Dorothy Magee	UNIT III	Material
Norma Johnson	Unit IV	Subscription <u>Boulder Monitor</u>
Georgia Rogers	Unit VII	Beer 3 Cassette tapes
Dave Voss	Unit V	Beer
Mary Rounsville	Unit II	Beer
Alma DeMers	Unit IV	Pizza
Dave Voss	Unit V	Month long ad in <u>Boulder Monitor</u>
Bob Abbott	Unit V	Beer
Ray Rashleigh	Unit IV	Gasoline

CONTRIBUTORS

We are grateful to the following businesses for their contributions to the Attendant Incentive program:

Abel's Conoco Service, 330-11th,	Helena
Boulder Cash Grocery,	Boulder
Boulder Monitor,	Boulder
Cabin Bar,	Basin
Diamond S Ranchotel	Boulder
Dot's Spot	Boulder
First National Insurance	Boulder
Gambles	Boulder
J. C. Penneys	Helena
Marilyn's Drive-in Cafe & Bar	Boulder
Owl Bar	Boulder
Sleeping Giant Lodge	Helena
Tempo Department Store	Helena
Windsor Bar	Boulder

TRAINING PROGRAMS BY ATTENDANT COUNSELORS

Based on the names submitted for the Attendant Incentive program, the following is a representation of the type of programs involved and the number of patients in each one during the two weeks of March 30 and April 6:

UNIT I

NO.
of
Patients



Trainers:

Terry Godfrey,
C-2
Brent Rast, C-2

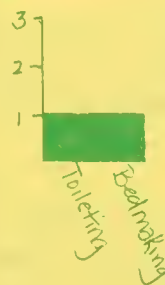
Type of Training

Contact:

George Siverts, Ext. 277

UNIT II

No.
of
Patients



Trainers:

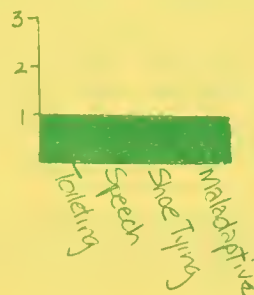
Isabelle Adams,
C-6
Mary Rounsville,
C-13

Type of Training

Contact: Nancy O'Hara, Ext. 215

UNIT III

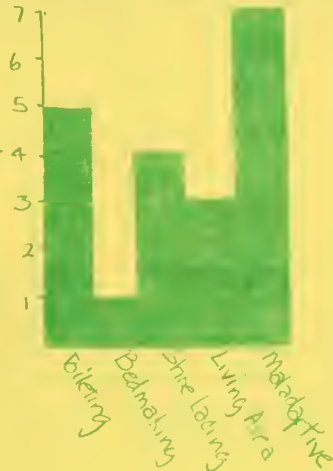
No.
of
Patients

Type of Training

Trainers:

Pat Clark, C-7
Bev Eyster, C-7
Dorothy Magee, C-10

Contact: Gary DeMille, Ext. 216

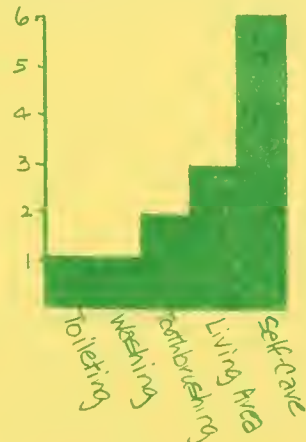
UNIT IVNo.
of
PatientsType of Training

Trainers:

Alma DeMers, C-5
 Margaret Douglas, C-4
 Norma Johnson, C-4
 Harold Patrick, C-4
 Ray Rashleigh, C-5
 Alice Saari, C-4
 Kathy Scholowski, C-5
 Karen Wheeler, C-4

Contact:

Patty Hathaway
 Ext. 220

UNIT VNO.
of
PatientsType of Training

Trainers:

Bob Abbott, C-9
 Velma McElravy, C-9, 14
 John Morgan, C-9
 Dave Voss, C-9

Contact:

John Dineen, Ext. 212
 Danny Kelley, Ext. 212
 Kathy Byrne, Ext. 280

UNIT VIINo.
of
PatientsType of Training

Trainers:

Kathy Lessman, C-15
 Georgia Rogers, C-15
 Ed Schwab, C-15

Contact:

Kathy Byrne, Ext. 280
 Sanford Hostetter, Ext. 280
 Ardyce LaFontaine, Ext. 247

UNIT V: MOST A.C. TRAINING

Furthermore, under Chrys' supervision, Unit V Attendant Counselors have been eligible 69 times for the Attendant Incentive program. This represents the most ongoing training programs by Attendant Counselors in any unit. Congratulations, Chrys and staff of Unit V.

Tied for second place are Units IV and VII with 41 entries each in the Attendant Incentive program since its conception six weeks ago.

ONGOING AND GRADUATED B.M. PROGRAMS

The following two tables represent the total number and type of ongoing be-mod programs conducted in each unit and the number of patients graduated from each type of be-mod program per unit since September 1, 1972:

NEW BMS IN UNIT V

John Dineen has replaced Chrys Anderson as the Behavior Modification Specialist of Unit V, cottages 9 and 14. Dineen was formerly the Token Economy specialist. Chrys will be doing special data compilation projects. This is an appropriate time to recognize Chrys for an outstanding job of enthusiastically initiating and maintaining many training programs in her unit.

Type of Program

Unit	Type of Program						Totals
	Toilet Training	Dressing	Eating	Living Area	Maladaptive	Other*	
I	3		3		2		8
II	5				2	3	10
III	2				2	6	10
IV	3	3	7	10	7	3	33
V	1		8	7	2	12	30
VII	15	19	6		7	20	67
Totals	29	22	24	17	22	44	158

Number of Ongoing Behavior Modification Programs as of March 21, 1973

*Other includes shoe lacing and tying, shaving, toothbrushing, bed-making, speech, hand/face washing, and compliance training.

Type of Program

Unit	Type of Program						Totals
	Toilet Training	Dressing	Eating	Living Area	Maladaptive	Other*	
I		1	1		5	2	9
II							-
III					3	1	4
IV			12	2	1	7	22
V			4	1		14	19
VII			1		1	12	14
Totals	0	1	18	3	10	36	68

Number of Graduates from Behavior Modification Programs Since September 1, 1972

*Other includes toothbrushing, hand/face washing, compliance training, speech time-telling and pre-vocational training.

Table 1: Summary of Data				Notes
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31	32	33	34	35
36	37	38	39	40
41	42	43	44	45
46	47	48	49	50
51	52	53	54	55
56	57	58	59	60
61	62	63	64	65
66	67	68	69	70
71	72	73	74	75
76	77	78	79	80
81	82	83	84	85
86	87	88	89	90
91	92	93	94	95
96	97	98	99	100

The following table shows the results of the experiment. The data is presented in a clear and concise manner, allowing for easy comparison of the different groups. The results are as follows:

Table 2: Results of Experiment				Notes
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31	32	33	34	35
36	37	38	39	40
41	42	43	44	45
46	47	48	49	50
51	52	53	54	55
56	57	58	59	60
61	62	63	64	65
66	67	68	69	70
71	72	73	74	75
76	77	78	79	80
81	82	83	84	85
86	87	88	89	90
91	92	93	94	95
96	97	98	99	100

The results of the experiment are presented in the following table. The data is presented in a clear and concise manner, allowing for easy comparison of the different groups. The results are as follows:

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The Boulder Behaviorist

STATE DOCUMENT

Boulder River School and Hospital
Vol. I No. V ~~WINNERS WITH~~ Boulder, Montana

April 5, 1973

~~PERIODICALS~~

OCT 29 1974

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WINNERS

MARCA State Convention
Miles City, Montana
April 13 and 14

Dave Voss Unit V
and
Bob Abbott Unit V

CEC-MSH Workshop
Helena, Montana
March 29 - 31

Terry Godfrey Unit I
and
Georgia Rogers Unit VII
(Both of whom attended the
workshop last week)

Substitutes to MARCA:

- 1) Mary Ann Dale
- 2) Kathy Lessman
- 3) Barb Maier
- 4) John Morgan

Substitutes to CEC-MSH:

- 1) Monica Cox
- 2) Richard Mitchell
- 3) Margaret Douglas
- 4) Karen Wheeler

Other winners of the March 23 drawing were: PRIZES TO BE DRAWN APRIL 6

Karen Wheeler	Unit IV	Cheeseburger
Bob Abbott	Unit V	Six Pack Beer
Barb Maier	Unit V	Subscription to <u>Boulder Monitor</u> Lunch
Dorothy Magee	Unit III	Pitcher of Beer
Velma McElravy	Unit V	\$5.00 gift cer- tificate
Billie Rudolph	Unit IV	Cheeseburger

Free gas, fabric, a pizza,
three six packs of beer, a
subscription to the Boulder
Monitor, three Cassette tapes,
and a month long classified
ad in the Boulder Monitor
will be given to Attendant
Counselors whose names have
been submitted by their BMS
for having conducted training
sessions on five consecutive
days. Names are submitted
as many times as programs being
run and upon a patient's step
or program graduation.

Robert M. Perry, Superintendent
Keith McCarty, Chief, Paramedical Services

Richard P. Swenson, Director, Title I
Barbara Holum, Editor

11

CONTRIBUTORS

Our special thanks to the following businesses for making the Attendant Incentive program possible:

Abel's Conoco Service 330-11th
Helena
Boulder Cash Grocery, Boulder
Boulder Monitor, Boulder
Cabin Bar, Basin
Diamond S Ranchotel, Boulder
Dot's Spot, Boulder
First National Insurance, Boulder
Gambles, Boulder
Marilyn's Drive-in Cafe & Bar, Boulder
Owl Bar, Boulder
Windsor Bar, Boulder

TRAINING PROGRAMS BY ATTENDANT COUNSELORS

Based on the names submitted for the Attendant Incentive program, the following is a representation of the type and number of training programs involved during the week of March 19 - 23:

UNIT I

No.
of
Programs



Trainers:

Mary Ann Dale, C-1
Terry Godfrey, C-2

Contact:
George Siverts
Ext. 277

Type of Training

UNIT II

None Reported. Contact: Nancy O'Hara
Ext. 215

UNIT III

No.
of
Programs



Trainers:

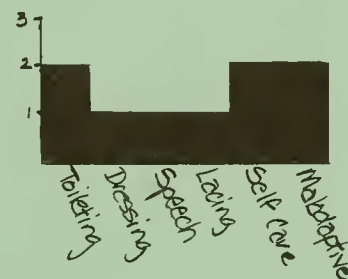
Dorothy Magee, C-10

Contact: Gary DeMille
Ext. 216

Type of Training

UNIT IV

No.
of
Programs



Type of Training

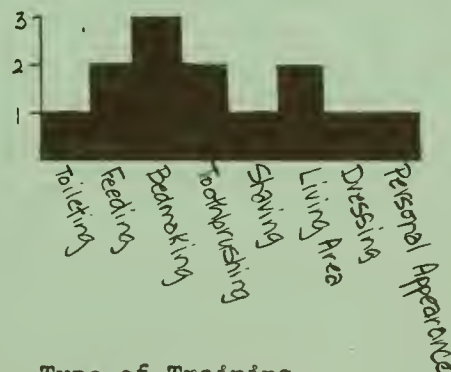
Trainers:

Monica Cox, C-5
Margaret Douglas, C-4
Norma Johnson, C-4
Richard Mitchell, C-5
Billy Rudolph, C-5
Karen Wheeler, C-4

Contact:
Patty Hathaway
Ext. 220

UNIT V

No.
of
Programs



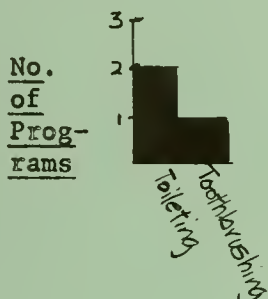
Type of Training

Trainers:

Bob Abbott, C-9
Mrs. Christianson, C-4
Barb Maier, C-14
Velma McElravy, C-9&14
John Morgan, C-9
Dave Boss, C-9

Contact:

Chrys Anderson
Ext. 212
Danny Kelley
Ext. 212
Kathy Byrne
Ext. 280

UNIT VIIType of TrainingTrainers:

Kathy Lessman, C-15
Georgia Rogers, C-15

Contact:

Kathy Byrne, Ext. 280
Ardyce LaFontaine,
Ext. 247
Sanford Hostetter,
Ext. 280

REPORT FROM BANFF CONFERENCE

Feeling very lucky to have been able to attend such a fine conference as the Fifth Banff International Conference on Behavior Modification last week, the be-mod staff who attended would like to share briefly a description of the topics discussed by various speakers:

James R. Barclay

Dr. Barclay has devised the "Barclay Classroom Climate Inventory", a multiple measurement instrument, which attempts to evaluate several parameters of behavior from the individual's, his peers', and his teacher's point of view. The purpose of this inventory is prevention of problems through early detection.

Michael F. CataldoCOTTAGE 15 PROGRESS NOTES

Cottage 15 as a training cottage is still alive and well. With nine weeks of intensive training behind us, results are clearly visible. But because learning a skill most often occurs in small increments, we're grateful for data which confirms our successes.

For example, much emphasis has been placed on toilet training. We know we're changing pants much less frequently than nine weeks ago. But it's nice to know that the number of toileting accidents has decreased from 275 during baseline to 58 last week.

The number of times a patient urinated or defecated in the toilet has increased significantly in several cases:

<u>Patient</u>	<u>1st Wk.</u> (Baseline)	<u>4th. WK.</u>	<u>9th. WK.</u>
S.C.	0	5	28
S.M.	0	4	9
R.F.	0	0	5
D.D.	0	12	23
C.H.	14	38	40

Dr. Cataldo discussed the effects of environment on behavior as ascertained by comparing activities in different ward environments.

Richard R. Jones

According to Dr. Jones, trainers and evaluators should exercise some caution when interpreting their program data. Whereas it is frequently an easy task to show that a behavior has changed, it is very difficult to show specifically what caused that change.

Robert L. Kahn

Dr. Kahn discussed many studies on the aged, with institutions as the primary focus. He cited the Duncan McMillan study as showing that improved service to the institutionalized aged can be facilitated by providing a continuity of care between the home and institution. Kahn adamantly supports integrating an institution into a larger system, the community.

Robert P. Liberman

Dr. Liberman explained the use of the Behavior Observation Instrument and Behavioral Progress Notes at Oxnard Day Care Treatment Center. These are instruments employed to evaluate program progress by comparing patient behavior at various points in time.

O.I. Lovaas

Dr. Lovaas discussed practical aspects of behavior modification with autistic children - how contingency conditions used by adults who label a child as autistic and treat them as such can inadvertently maintain the autism. Autism, by the way, is characterized by many of the same behaviors often ascribed to retarded children: self-stimulatory behavior, tantrum behavior (self-destructive and destructive to others), no peer play and no language. Lovaas' experience has shown be-mod to be the only effective method of dealing with autism. The longer you do it, the better the results.

Peter D. McLean

Dr. McLean discussed five evaluation strategies, including program structure, process, outcome, cost-effectiveness, and system. He noted the major strengths and weaknesses of each and explained a method for choosing which one to use.

William B. Neenan

Dr. Neenan explained that by comparing the benefits and the cost, the value of a program can be determined. He pointed out however, that the value of lives can not be measured.

Charles Windle

Dr. Windle discussed the process of program evaluation and the many possible instruments of assessment.

Aldred H. Neufeldt

In pointing out the basic problems of program evaluation, Dr. Neufeldt concluded that an effective evaluator should be able to give specific direction in program change.

H.S. Pennypacker

Dr. Pennypacker discussed cost efficiency and effectiveness in the early detection and improvement of learning abilities. It's interesting to note that he preferred the use of the term learning "abilities" rather than "disabilities". He prefers the former term because a child's abilities are the only things you actually see and hence really know about; and also because it accentuates the positive. Dr. Pennypacker discussed different strategies for evaluation of programs.

Todd Risley

Using the Planned Activity Check (PLA-Check) as his tool of measurement, Dr. Risley compared the activities planned by the teacher and the activities in which the children in the classroom participate. According to Risley, children are more likely to participate in the various activities if a teacher is in charge of specific activities instead of a group of children.

Richard B. Stuart

Dr. Stuart discussed evaluation procedures used by his staff at the University of Michigan in his family and school consultation project. He pointed out many of the frustrating as well as rewarding aspects of such a program. One aspect of this project was an analysis of how parents of delinquent children differ from parents of non-delinquents in terms of the types of interaction present.

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Vol. I No.

Boulder River School and Hospital

Boulder, Montana 59632

March 22, 1973

STATE DOCUMENTS

It (Behavior Modification) is not so much a skill as a personal characteristic -- an attitude. And that attitude is one of optimism. If you believe the principles of the behavioral approach, then an optimistic approach is the only one with which you can function. You believe that this child can learn and that you can arrange the environment to help him learn. You cannot indulge yourself in the luxury of saying, "He's too stupid", or "He must be brain damaged."

You naturally embrace an attitude of let's try doing something else kind of thing.

--Sidney W. Bijou

WORKSHOP AT BRS&H

Start planning now to attend the Behavioral Workshop On Behavioral Treatment of the Emotionally Disturbed and Developmentally Retarded Child which will be held at BRS&H April 16, 17, & 18.

Dr. Robert F. Petersen and his wife Linda will conduct the workshop which is aimed at helping personnel prepare developmentally disabled students for special education programs outside of the institution. Focus will also be made on helping teachers in local districts who will be receiving these students.

Some of the scheduled presentations are:

- Making sense of behavior
- The analysis of behavior: Observation, recording, and reinforcement games

- Self help and help yourself: Training individual care skills in the mentally retarded
- Retarding Retardation: Some techniques for developing imitative and verbal skills in institutionalized patients
- Token Economies: Trick or treatment?
- Modification of self-destructive behaviors
- Institutions and behavioral programs: Need such a marriage produce divorce?

There is no application fee. To attend, send your name, home address, phone number, and position title at BRS&H to:

Robert M. Perry, Superintendent
Keith McCarty, Chief, Paramedical Services

Richard P. Swenson, Director, Title I
Barbara Holum, Editor



Dr. Jack L. Rudio
State Supervisor of Special
Education
Office of the Superintendent of
Public Instruction
Helena, Montana, 59601

on or before April 12.

The workshop will begin at 1:00 p.m.
each day and last until about 9:00.
Complete program schedules can be
obtained from your BMS.

WHY BEHAVIOR MODIFICATION?

By Ron Langworthy

There are a number of good reasons why behavior modification is the official training technique used at BRS&H. The first reason, and the main one, is that it works. How do we know that? There are three ways you can see for yourself:

1) Go watch a BMS at work, and keep watching for at least a month. Don't expect instant results. Human behavior is extremely complex, and modifying behavior often takes a lot of time.

2) Try it yourself. Get ahold of a BMS and set up a program with him or her. Or you can try a very simple experiment of your own. Next time you see a shy friend be very positive every time he says something, nod a lot, say "yeah" a lot, and generally get excited about whatever he says. You have to be convincing of course. If you do this very often he will begin to talk a lot more to you and soon he will not be shy. The main thing is to be systematic about it. If you ignore him the next time you see him, it won't work.

3) Go find a journal of Applied Behavioral Analysis and start reading. If you quit work and read all day every day for a month, you might be well informed on the successes that other people have had. Then turn to the literature on learning, reinforcement theory or operant conditioning and spend the rest of the year on that. Behavior modification utilizes the simplest and most often evidenced findings in these three areas.

Another reason we favor behavior modification rather than leaving training technique up to the individual is that behavior modification is a data-oriented system. If you don't take data, then you are not doing good behavior modification. We take data so that we can know for certain where we stand with the patient. Unless you have a photographic memory (or take data), you can't really know how well your trainee is doing on a program.

Without data you have a far smaller chance of knowing what to do if your training bogs down. Without data you have a smaller chance of convincing another person that you in fact taught a patient a skill or replaced a maladaptive behavior.

Taking data is the surest road to efficient training.

TOKEN SYSTEM BEING REPAIRED

There will be no more tokens for awhile. That's the word from John Dineen, a BMS in charge of the token system, who announced Tuesday that the token economy will shut down Wednesday, March 21 "for repairs."

"We realize that many of the BRS&H personnel have depended on tokens to control patient behavior," said Dineen, "but the system has so many flaws and weaknesses that we cannot continue running it as is."

He noted that personnel should prepare their patients for a three week halt in tokens by explaining that no one will have tokens for awhile.

All tokens will be collected by behavioral personnel.

The token store will continue to honor tokens until March 30. After that time it too will close until the token system is back in operation.

BANFF CONFERENCE ON BEHAVIOR MOD

Eight members of the Be-mod staff at BRS&H will attend the Fifth Banff International Conference on Behavior Modification to be held March 26-29 in Banff, Alberta, Canada. Sponsored by the Behavior Modification Planning Committee, and The Division of Continuing Education, The University of Calgary, the topic will be "Evaluating Social Programs in Community, Residential and Social Settings."

Some of the people scheduled to make presentations are Drs. T.R. Risley, I. Lovaas, N. Cataldo, W.B. Neenan, and H.S. Pennypacker.

Planning to attend the Banff Conference are Richard Swenson, Ron Langworthy, Chrys Anderson, Kathy Byrne, Gary DeMille, Patty Hathaway, Barb Holum and Sanford Hostetter.

NO NEWSLETTER OR DRAWING NEXT WEEK

Because many of the be-mod staff will be at the Banff Conference next week sharpening up their training techniques, the next issue of the Boulder Behaviorist and the March 30th Attendant Incentive drawing will be postponed until the following week.

TRAINING PROGRAMS BY ATTENDANT COUNSELORS

Based on the names submitted for the Attendant Incentive program, the following is a representation of the type and number of training programs involved during the week of March 12 - 16:

UNIT I

None reported.

Contact: George Siverts, Ext. 277

UNIT II

No.
of
Program



Type of Training

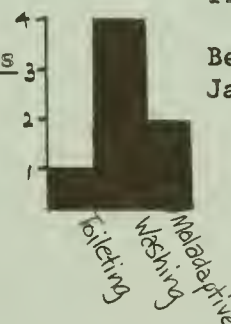
Trainers:

Betty Penner, Cott. 6

Contact: Nancy OHara
Ext. 215

UNIT III

No.
of
Programs



Type of Training

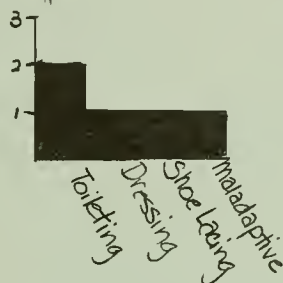
Trainers:

Bev Eyster, Cott. 10
Jamie Hutchinson,
Cott. 7

Contact:
Gary DeMille
Ext. 216

UNIT IV

No.
of
Prog-
rams



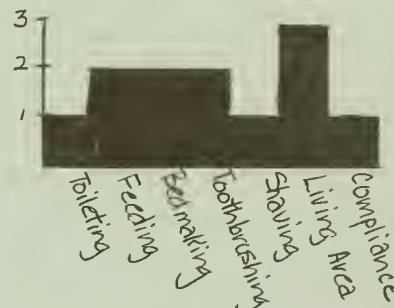
Trainers:

Margaret Douglas, Cott. 4
Norma Johnson, Cott. 4
Richard Mitchell, Cott. 4

Contact: Patty Hathaway
Ext. 220

Type of TrainingUNIT V

No.
of
Programs



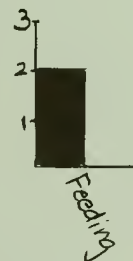
Trainers:

Bob Abbott, Cott. 9
Mrs. Christianson, Cott. 14
Barbara Maier, Cott. 14
Velma McElravy, Cott. 9 & 14
John Morgan, Cott. 9

Contact: Chrys Anderson, Ext. 212
Danny Kelley, Ext. 212
Kathy Byrne, Ext. 280

Type of TrainingUNIT VII

No.
OF
Prog-
rams



Trainers:

Georgia Rogers, Cott. 15

Type of Training

Contact: Sanford Hostetter, Ext. 280
Kathy Byrne, Ext. 280
Ardyce LaFontaine, Ext. 247

CONTRIBUTORS

Our thanks to the following contributors to the Attendant incentive program:

Boulder Cash Grocery, Boulder
Boulder Monitor, Boulder
Cabin Bar, Basin
Diamond S Ranchotel, Boulder
Dot's Spot, Boulder
First National Insurance, Boulder
Gambles, Boulder
Marilyn's Drive-in Cafe & Bar, Boulder
Owl Bar, Boulder
Windsor Bar, Boulder

WINNERS OF MARCH 16 DRAWING

Betty Penner	Unit I	Six Pack Beer
Jamie Hutchinson	Unit III	Subscription to <u>Boulder Monitor</u>
Bev Eyster	Unit III	Six pack beer
Norma Johnson	Unit IV	Pitcher beer
Bob Abbott	Unit V	\$5.00 gift certificate meal cheeseburger
Barbara Maier	Unit V	5% discount
Velma McElravy	Unit V	Lunch
Georgia Rogers	Unit VII	Six pack beer

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Boulder Behaviorist

Boulder River School and Hospital
Boulder, Montana 59632

STATE DOCUMENT

Vol. I No. IV

March 15, 1973

FOUR TRIPS TO BE WON

On March 24th the four Attendant Counselors whose names are drawn will win a trip to an instate convention. Two winners will participate in the State Convention for the Montana Association for Retarded Children and Adults (MARCA) to be held April 13th and 14th in Miles City. Another two winners will attend a workshop sponsored by the Council for Exceptional Children (CEC) and Montana Speech and Hearing (MSH) to be held March 29th through 31st in Helena.

In the event that any of the four winners are unable to attend a convention, four substitutes will also be drawn.

This week is the ideal time to get together with your BMS and work out a training program so your name can be submitted as a possible winner.

THIRD DRAWING THIS FRIDAY

On Friday, March 16th in Paramedical Building #8, the third weekly drawing of prizes will take place. Those Attendant Counselors whose names have been submitted by their BMS for conducting systematic training sessions on five consecutive days will be eligible to win. Names must be received no later than noon on Friday. The prizes to be awarded Friday are: three meals, \$5.00 in merchandise, subscription to the Boulder Monitor, 5% discount on merchandise, and four six packs of beer.

DON HORNER VISITS BRS&H

R. Don Horner from Parsons State Hospital and Training Center, Parsons, Kansas visited BRS&H on March 8 and 9 to consult with the behavior modification staff.

Horner, Assistant Director of Project MORE (Mediated Operational Research for Education) at Parsons, brought with him twelve years of experience working in institutions. He visited many of the residential cottages to observe training programs in progress and spent most of Friday afternoon talking with the be-mod staff. Some of the topics discussed will be featured in future issues.

Robert M. Perry, Superintendent
Keith McCarty, Chief, Paramedical Services

Richard P. Swenson, Director, Title I
Barbara Holum, Editor

11

HORNER'S PHILOSOPHY: MAKE TRAINING FUN

Horner emphasized that training should be a fun experience for both people involved. More response shaping occurs when a trainer selectively gives excited, friendly verbal reinforcement. Making training as enjoyable as possible to the patient will strengthen your reinforcing value to him. Very likely, he will be more eager to earn your approval.

WHO TO TRAIN

Horner has concluded from his experience in training that a patient must have prerequisite or "entry behaviors" before he is started on a program. For example, a profoundly retarded patient wouldn't start dressing training until he had learned to position his limbs correctly for dressing. A program would be developed to train this "entry behavior."

HOW TO TRAIN A SKILL

Horner warned against arbitrarily defining the steps of a training program. He suggested videotaping a variety of people performing the skill to insure accuracy in the task analysis. Determine from observation what efficiencies and inefficiencies there are to the skill. A task analysis should reflect the retardation level of the trainee, thus it may be necessary to develop a different program for each level.

PRACTICAL SUGGESTIONS OFFERED

Drawing from a vast repertoire of training experience, Horner offered many good suggestions for improving data summarization. He pointed out

the need for testing skill performance after program graduation and providing for its maintenance. He has found that training is lost if maintenance procedures aren't provided for a year after program graduation. Therefore trainers must insure against this loss of a learned skill by instructing all staff involved how to elicit the skill from the patient.

Horner also suggested that before each step graduation, baseline should be taken on the entire skill. Sometimes generalization has occurred, making it possible to skip steps already learned.

OVERALL EVALUATION

Horner generated a lot of enthusiasm during his visit, some of which stemmed from his glowing remarks about our program. He said that the behavior modification at BRS&H is probably the best or rivals the best program he's seen from visiting approximately 75 different institutions. He noted our group cohesiveness, positive attitude and pride in our training.

Once again we were reminded how effective verbal reinforcement is!

TRAINING PROGRAMS BY ATTENDANT COUNSELORS

Based on the names submitted for the Attendant incentive program, the following is a representation of the type and number of training programs involved during the week of March 5 - 9:

UNIT I

No
of
Programs



Trainers:

Mary Ann Dale, Cott. 1

Type of Training

Contact: George Siverts
Ext. 277

UNIT II

None reported

Contact:

Nancy O'Hara
Ext. 215

UNIT III

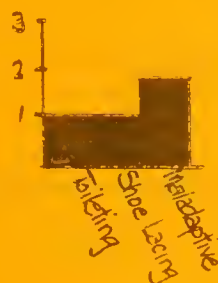
None reported.

Contact:

Gary DeMille,
Ext. 216

UNIT IV

No.
of
Programs



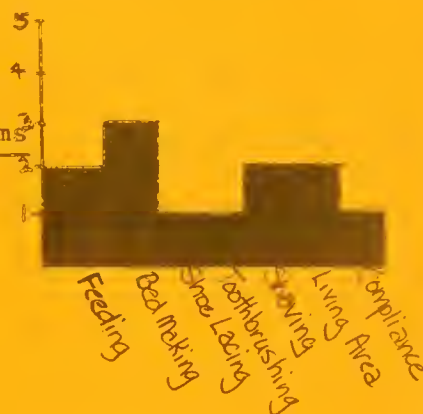
Trainers:

Norma Johnson, Cott. 4
Karen Wheeler, Cott. 4
Billie Rudolph, Cott. 5

Type of Training

Contact: Patty Hathaway
Ext. 220

No.
of
Programs



Type of Training

Trainers:

Bob Abbott, Cott. 9
Mae Anderson, Cott. 9 & 14
Mrs. Christianson, Cott. 14
Norman Holdren, Cott. 9
Barbara Maier, Cott. 14
Lois May, Cott. 9 & 14
Cindy Strozzi, Cott. 14

Contact: Chrys Anderson, Ext. 212
Danny Kelley, Ext. 212

UNIT VII

No.
of
Programs



Trainers:

Jerry Blackburn, Cott. 11
Richard Rosling, Cott. 11

Type of Training

Contact:

Kathy Byrne, Ext. 280
Sanford Hostetter, Ext. 280
Ardyce LaFontaine, Ext. 247

March 15, 1973

The Boulder Behaviorist

Page 4

WORKSHOP TO BE HELD IN COLUMBUS, OHIO

There will be an INTENSIVE PRACTICUM BEHAVIOR MODIFICATION WORKSHOP held in Columbus, Ohio on June 10 through 13, 1973. The purpose is to teach registrants how to use behavior modification appropriately to train clients and how to develop behavior modification programs. Registration is limited. Contact Joan F. Bassinger, M.D.,
2561 Sonata Drive
Columbus, Ohio 43209

CONTRIBUTORS

We want to thank the following businesses for their support:

Ammen Rexall Drug, Boulder
Boulder Monitor, Boulder
Cabin Bar, Basin
Diamond S Ranchotel, Boulder
Dot's Spot, Boulder
First National Insurance, Boulder
Gambles, Boulder
Marilyn's Drive-in Cafe & Bar, Boulder
Shop Rite Grocery, Boulder
Windsor Bar, Boulder

WINNERS OF MARCH 9 DRAWING

Jerry Blackburn	Unit VII	Assorted fishing flies Six pack pop Pitcher of beer
Cindy Strozzi	Unit V	Bottle of cologne Six pack beer
Barbara Maier	Unit V	Pantyhose
Richard Rosling	Unit VII	Cheeseburger
Bob Abbott	Unit V	Subscription to Boulder Monitor Six pack beer
Mary Ann Dale	Unit I	Meal

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Vol. I No. 1 PERIODICALS

March 8, 1973

PRIZES TO BE DRAWN

On Friday, March 7 in Spruce Cottage, the second weekly drawing of prizes will take place. Those Attendant Counselors whose names have been submitted by their BMS for conducting systematic training sessions on five consecutive days will be eligible to win. Names must be submitted no later than noon on Friday. Some of the contributed gifts to be awarded are: an assortment of fishing flies, cheeseburgers, \$5.00 gift certificate, beer, subscriptions to the Boulder Monitor, cologne, meals, pop and pantyhose.

STATE DOCUMENTS

CONTRIBUTORS

Again we would like to express our appreciation to the following businesses for their contributions:

Ammen Rexall Drug, Boulder
Boulder Monitor, Boulder
Cabin Bar, Basin
Dick's Flies, 1802 Missoula Ave.
Helena.

Dot's Spot, Boulder
First National Insurance, Boulder
Gambles, Boulder
Marilyn's Drive-in Cafe & Bar, Boulder
Owl Bar, Boulder
Shop Rite Grocery, Boulder
Windsor Bar, Boulder

TRIP TO COLORADO WORKSHOP TO BE AWARDED

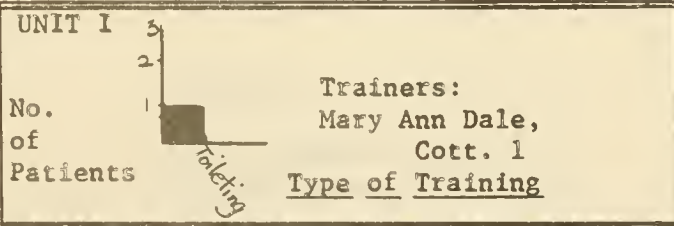
Two Attendant Counselors from BRS&H will be chosen to attend an Educational Workshop in Pueblo, Colo., from April 25-28. Presented by the Colorado Psychiatric Technicians' Association, the theme will be "Behavioral

Technology Today". The names of Attendant Counselors who have conducted outstanding training programs will be submitted by their BMS to a committee responsible for selecting the two winners. On April 9th. the winners will be announced.

Expenses to the workshop will be paid by the Inservice Training PSC Grant, administered by Tom Dolan.

TRAINING PROGRAMS BY ATTENDANT COUNSELORS

Based on the names submitted for the Attendant incentive program, the following is a representation of the type of programs involved and the number of patients in each one during the week of February 26-March 2.



Robert M. Perry, Superintendent
Keith McCarty, Chief Paramedical Services

Richard P. Swenson, Title I
Barbara Holum, Editor

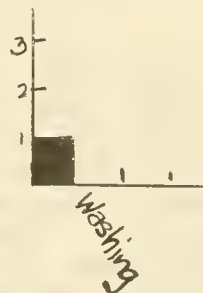
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UNIT II

None reported.

UNIT III

No.
of
Patients



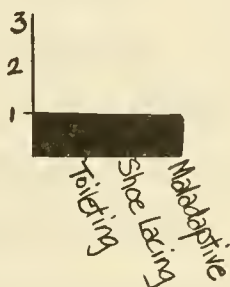
Trainers:

Jamie Hutchinson,
Cott. 7

Type of Training

UNIT IV

No.
of
Patients



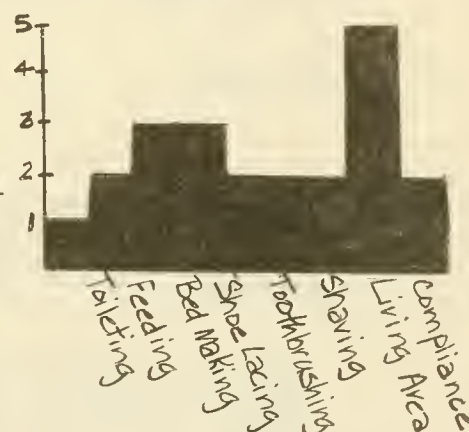
Trainers:

Norma Johnson, Cott. 4
Karlene Staley, Cott. 4
& 5
Karen Wheeler, Cott. 4

Type of Training

UNIT V

No.
of
Patients



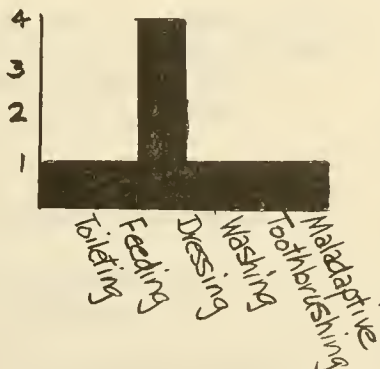
Type of Training

Trainers:

Bob Abbott, Cott. 9
Jim Burke, Cott. 9
Mrs. Christianson, Cott. 14
Norman Holdren, Cott. 9
Barbara Maier, Cott. 14
Lois May, Cott. 9 & 14
Velma McElravy, Cott. 9 & 14
Cindy Strozzi, Cott. 14

UNIT VII

No.
of
Patients



Type of Training

Trainers:

Jerry Blackburn, Cott. 11
Georgia Rogers, Cott. 15

HOW TO GET STARTED

To get started on a training program, first choose a patient with whom you would like to work. Then contact the BMS of your unit. They are, with their area of specialty:

<u>UNIT</u>	<u>BMS</u>	<u>EXT</u>	<u>SPECIALTY</u>
I	George Siverts	277	General
II	Nancy O'Hara	215	General
III	Gary DeMille	216	Speech Washing
IV	Patty Hathaway	220	Secondary Dressing
V	Chrys Anderson	212	Toileting Feeding
	Danny Kelley, BMTA	212	Social-Rec. Pre-Voc.
VII	Kathy Byrne	280	Speech Self injury
	Sanford Hostetter	"	Dressing Toothbrush.
	Ardyce LaFontaine	247	General

It should be noted that a BMS can supervise any area of training. You are not restricted to their speciality area.

The BMS supervising your training will submit your name for the drawing if you have met any of the following conditions during the preceding week:

- 1) Conducted training sessions on five consecutive days.
- 2) Graduated a patient one step in training.
- 3) Graduated a patient from a training program.

In addition, the submitted names will provide weekly information on the type and location of training being done.

ADVICE COLUMN

Dear B.B.,

P.B. does not comprehend when you call her name. She seems as though she is deaf. She behaves well at times, but she streaks to where she throws tantrums for no reason. She has a bad temper. My questions are: How would you go about getting her attention? Then how would you go about finding out what is bothering her, to make her throw tantrums, and how would you stop them?

Wondering

Dear Wondering,

First off, have her hearing tested. She could possibly have a hearing loss that would prevent her from hearing her name called.

If her hearing is adequate, then the first thing to do is train her to attend when her name is called. Place her in a chair facing you and holding the primary reinforcement (candy, food, etc.) next to your eyes, give the command, "P.B., look at me." If she doesn't make eye contact with you, then give the command again and move her face gently so she will look at you. Then reward her lavishly with praise and the reinforcer. Repeat this procedure about ten times per session, using the same command. But do not help her respond until you've given her the opportunity to independently do so. Gradually fade the prompt of helping her look at you.

When she has responded independently with 100% success over several days, you should give the same command in other rooms and situations. Reinforce her for responding appropriately and ignore her if she doesn't. When she has learned to look at you upon hearing the command in all situations, gradually

fade out your primary reinforcement (give it to her sometimes, but not always) and rely more on praising her.

You may find that her tantrums decrease after the attention training has started. This happens frequently because the patient is learning a more effective way to get attention. She doesn't need to throw tantrums anymore to get the attention she needs.

If, however, the tantrums do not drop out, I suggest you take about a week to observe the patient's behavior. Write down every event that immediately precedes a tantrum and what events immediately follow it. This running narrative will give you clues as to what events might "set off" the response and what may be reinforcing or maintaining the tantrum behavior. Be watchful not to use descriptive terms like, "She seemed tired" but to record the behavior accurately, "She laid on the floor and closed her eyes." An example of the use of this form might read as follows:

Preceding Events

Patient's Behavior

Consequent Events

- | | | |
|----------------------------|--|---|
| 1. Food wheeled onto ward. | 2. P.B. sitting at table crying, kicking feet, screaming. | 3. Aide approaches P.B., smiles, feeds P.B. from cereal bowl. |
| | 4. P.B. stops screaming & kicking. Looks at aide, eats food. | 5. No verbal response by aide. Brings food to child's mouth. |

If this sequence of behavior was consistently recorded over several days, you could conclude that the food tray was P.B.'s cue to throw a tantrum. The attendant's feeding her after she screamed could be reinforcing this inappropriate behavior.

To test this, you would change the contingencies. Hold the food until P.B. had quieted down so the meal would reinforce good instead of bad behavior. Continue to record the frequency of tantrums to compare with her former rate.

The most important aspect of eliminating P.B.'s tantrum behavior is to insure that it isn't inadvertently being reinforced. This will require coordination with all other staff who work directly with P.B.

Send your questions about behavioral problems to Boulder Behaviorist, Spruce Cottage.

WINNERS OF MARCH 2 DRAWING

1. Norman Holdren (Unit V)...8 track tape
2. Barb Maier (Unit V).....Appointment for smampoo & set ...10% discount on merchandise
3. Georgia Rogers (Unit VII)..six pack beer.....meal ..subscription to Boulder Monitor
4. Bob Abbott (Unit V)..Ultra Care Lotion ..Pitcher of beer ..Bowling game
5. Mrs. Christianson..half gallon ice (Unit V) cream.....meal
6. Jim Burke (Unit V)..10% disc. on merchandise...six pack beer.
7. Mary Ann Dale..10% disc. on merchandise. (Unit I)
8. Jerry Blackburn (Unit VII)...pizza
9. Jamie Hutchinson (Unit III)...beer
10. Velma McElravy (Unit V).....beer ..subscription to Boulder Monitor
11. Cindy Strozzi (Unit V)...5% discount
12. Norma Johnson (Unit IV).....beer



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Chief
Boulder Behaviorist

OCT 29 1974

Vol I No. II

March 1, 1973

PERIODICALS

PRIZES TO BE DRAWN

Those Attendant Counselors whose names have been submitted for conducting regular training sessions will be eligible to draw for prizes this Friday, March 2 at 2:00 in Spruce Cottage. Some of the contributed gifts to date are free pitchers of beer, Ultra Care lotion, cologne, panty hose, an 8 track tape, subscriptions to the Boulder Monitor, six packs of beer, a bowling game, meals, pop, a half-gallon of ice cream, pizza, hair shampoo and set and discounts at many businesses.

Results of the drawing will be published in the next issue. You do not have to be present to win.

We would like to express our appreciation to the following businesses for their contributions:

Ammen Rexall Drug, Boulder
Boulder Monitor, Boulder
Dot's Spot, Boulder
Gambles, Boulder
Karl's Bowl, Boulder
Margaret Myrhow's Beauty Shop, Boulder
Marilyn's Drive-in Cafe & Bar, Boulder
Owl Bar, Boulder
Shop Rite Grocery, Boulder
Windsor Bar, Boulder

PROGRESS NOTES FROM COTTAGE 15

With only three weeks of training behind us, there are already some significant changes visible. For example:

- 1) The total number of toileting accidents has decreased from 275 during the first week to 131.

- 2) The number of soiled clothing items has decreased from a high of 164 on January 24 to a low of 26 on February 16.
- 3) The 12 patients in dressing training have graduated a combined total of 15 steps.
- 4) The 9 patients in toothbrushing training have graduated a total of 7 steps.
- 5) The 10 patients in washing training have graduated a total of 16 steps.
- 6) The 9 patients in secondary dressing training have graduated a total of 16 steps.
- 7) The number of times a patient urinated or defecated on the toilet has increased dramatically in several cases:

March 15, 1911

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 14th inst. and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Yours truly,
[Signature]

Very truly,
[Signature]

One last thing -- don't call him a trouble-maker in front of him. That's labeling him and is possibly reinforcing the wrong kind of behavior.

B.B.

* * *

Send your questions about behavioral problems to Boulder Behaviorist Spruce Cottage.

TIPS IN TRAINING

Many skills are best trained by breaking the skill into all the individual steps that comprise it and training only one at a time. When one step is learned, the next step in the series is introduced. This is called chaining.

Before starting a training program it is necessary to define exactly each step of the skill. This will eliminate confusion about how much the patient should be doing during training. Training may begin with the first or the last step.

In the initial training trials you should insure the patient's success by guiding his hands in making the correct response. Reinforce him for this. Gradually withdraw your physical assistance, substituting verbal cues if needed. This is called fading your help.

Other pointers to keep in mind are:

- 1) Begin the training session by getting the patient in position and getting his attention.
- 2) Preface each command with the patient's name.
- 3) Use the same set of commands each time.

- 4) Give the reinforcement immediately after the correct response.
- 5) Offer only a small amount of reinforcement so the patient doesn't satiates or get full.
- 6) Vary your reinforcement from day to day to maintain interest.
- 7) Insure the patient's success by making the task simple enough and by physically helping him if necessary.
- 8) Conduct training sessions every day and in the same place if possible.
- 9) Conduct about ten trials on the step that is currently being trained. This will take 5-20 minutes.

NEW PROGRAM IN COTTAGE 11

Jerry Blackburn, Attendant Counselor, has started a training program on A.R. with a shower if he doesn't smear feces for a two hour period.

STUDENT CENTER AS A REWARD

A patients' recreation room opened for use 1:00 P.M. on February 23 in Spruce Cottage. Doug Barnes, Recreation Director, and Dave Turner have developed the program which provides for games, craft instruction, music movies and refreshments.

Starting March 7 only patients who are eligible for and have been issued an Activity Card by their BMS will need them to be admitted. Others will be admitted free. Since use of the room is an earned privilege, each patient who has met certain standards set for him during the preceding day will be issued an Activity Card. In this way, meaningful contingencies for behavior can be established.

<u>Patient</u>	<u>1st Wk.</u> (Baseline)	<u>2nd Wk.</u>	<u>3rd Wk.</u>
E.W.	1	27	29
D.P.	3	27	35
D.D.	0	3	10
S.M.	0	2	6
C.H.	14	24	39

In addition, there are many positive comments and observations being made:

John Dineen, BMS, notes that, "E.W., has stopped banging his head with his spoon when eating."

Gary DeMille, BMS, and Gary Rudolph, Attendant Counselor, have both remarked that E.W. will now pull his pants up and down for toileting.

Sanford Hostetter, BMS, exclaimed that H.B. is "zooming through toothbrushing now that he's learned to squeeze the toothpaste tube, thanks to Georgia Rogers. Georgia is an Attendant Counselor in Cottage 15.

Bessie Lockey, Foster Grandmother, taught J.D. to spell her name.

Chrys Anderson, BMS, is pleased that N.A., a long time soiler, "likes to sit on the toilet now."

Sue Wood, Attendant Counselor remarked that, "D.P. hardly ever tears up his sheets anymore and doesn't spit at me when I say 'goodnight' to him."

George Siverts, BMS observed that "N.J. smiles now, D.P. occasionally goes to the bathroom alone, and C.H. will walk holding your hand instead of leaning on you."

These kinds of successes are highly reinforcing to trainers.

ADVICE COLUMN

Dear B.B.,

Could you help me with a patient in my Unit? He's only six years old and actually doesn't seem very retarded as he can make a bed, dress, feed and toilet himself. My problem is that he's so terribly unruly -- won't do what he's told, hits other kids, and just laughs at you when you scream at him. What can you do with a trouble-maker like that? (He doesn't even like M&M's)

At My Wits End

Dear Wits End,

This fellow is probably getting much more attention for being unruly than obedient. For a starter, get everybody to quit screaming at him. He probably loves it. If he is hurting someone else, disengage him from the person without talking to him or showing emotion. This is called "time out". Then give your attention to the victim of his aggression. You might make him apologize to the person he's hurt and to others in the room for the disturbance.

You should explore further what he likes so that you can reinforce him when he's behaving properly. As active as he probably is, playing games or tag might work. Then provide as many opportunities for success as possible. Guide him in behaving appropriately, then reinforce him. Gradually help him less as he learns appropriate social skills.

By your reinforcing his obedience, he will learn a new way of behaving. He should realize that he gets attention and rewards only when he's cooperative.

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PERIODICALS

The Boulder Behaviorist

OCT

1974

MONTANA
59601Boulder River School and Hospital
Boulder, Montana 59632

Vol I No I

February 20, 1973

PURPOSES OF THE BOULDER BEHAVIORIST

This is the first issue of a weekly newsletter to be presented by the behavior modification staff at BRS&H. We hope to acquaint you with the training projects that are going on, what the results of these projects are, and who's doing them. In this way, those individuals and cottages that are doing consistent training will be publicly acknowledged. We hope to reward those people who are training patients in various skills.

One of our primary goals is to increase the involvement of Attendant Counselors in training the patients. There is so much that the patients can learn to help themselves. But they need trainers. We hope to get more people interested in training by reminding them that:

- 1) The more a patient can do for himself, the easier everyone's job will be. The patient who is toilet trained, for instance, will save us much time in changing and cleaning him.
- 2) The more skills a patient has, the better are his chances for successful placement in the community. Functioning in a stimulating home environment is far better than living in an institution.
- 3) Every retarded person can be taught skills, provided an effective reward is used, training sessions are regularly conducted, and the skill is broken into small steps, with only one step trained at a time.

A NEW TOOL

In addition, we hope to introduce you to the techniques of behavior modification. We have seen many successes from the application of be-mod and we earnestly believe that the more people understand it and use it, the better are the patients' chances of becoming independent, functioning members of society.

THE BASIS OF BEHAVIOR MODIFICATION

There is one very simple fact on which our training efforts are based. That is-- we all learn to behave in ways that have pleasant outcomes. All of us -- trainer, normal children, retarded people -- have learned our individual ways of behaving because, at some point, those behaviors had a pleasing outcome. Any action which is followed by something agreeable is likely to be repeated.

REINFORCEMENT

Therefore we can establish or increase the occurrence of good behaviors by arranging a pleasant outcome for those behaviors. This is called giving reinforcement. Reinforcements --(in general, things that make people feel good) -- are very often different from person to person. Not everyone will work to get M & M's. Each person has his own preferences and these may change from day to day. We have to be very observant sometimes to be able to tell what a person likes best. But when we find this out, we can use it as a reward for that person's good behavior.



YOUR ATTENTION

On the other hand, we can get rid of or extinguish those behaviors that are undesirable by removing their pleasant outcomes. We usually do this by simply ignoring the behavior, which means withholding attention from that person at that time. Attention, even if it is giving a dirty look or a scolding, is often reinforcing. This is especially true in an institution where the residents often have to compete for adult attention.

WATCH FOR GOOD BEHAVIOR

Because our attention is a reinforcer, we all have to train ourselves to give our attention only to behaviors we want to increase. It is wise to often ask yourself, "What am I paying attention to? Do I want to increase that behavior?". We must all learn a new habit: to watch for good behavior and be quick to give our attention and praise when it occurs.

COTTAGE 15 as a TRAINING COTTAGE

Several months ago we wondered what behavioral improvements we could bring about if the behavior modification staff as a group planned training programs for an entire cottage. We began by defining these goals for ourselves:

- 1) To reinforce attitudes of optimism and patient-centeredness among the staff.
- 2) To develop specific training procedures and a general model which could be used in all other units.
- 3) To adequately train the direct-care staff in the Training Cottage to apply the techniques to behavior modification.
- 4) To investigate how much progress can be made with severely handicapped ambulatory children

when an intensive effort is made.

- 5) To demonstrate to the entire school and hospital that by systematically applying the techniques of behavior modification the behavior of a group of patients can be improved greatly, thus reducing work load.
- 6) To contribute to the accumulation of data concerned with Applied Behavioral Analysis and thereby improve behavior modification techniques everywhere.
- 7) To develop procedures which will economically, yet sensitively, monitor individual and group progress.
- 8) To give the behavior modification staff more experience in directly implementing behavior mod through programs dealing with a variety of behaviors.

WHY COTTAGE 15?

We decided to implement our program in Cottage 15 because it has a small population of pre-adolescent patients. The small number of patients makes it more manageable for this initial attempt and the young age of the patients makes it a high priority cottage for training.

FOOD SPILLED

Mealtimes, the staff told us, were a big problem because the patients spilled a tremendous amount of food. Cleaning up the tables, chairs and floor afterward wasted time that could be better spent training.

We decided to weigh the food spilled on the floor both before and after feeding training. The difference will hopefully demonstrate that training self-help skills reduces an Attendant Counselor's custodial work load.

SOILED CLOTHING

Records are also being kept of the amount of soiled clothes and sheets. We anticipate that after toilet training the children, there will be much less laundry. These comparisons will hopefully show that training self-help skills reduces the staff's work load.

SOCIAL BEHAVIORS

In many instances when a patient is trained in a skill -- like toothbrushing -- much of his other behavior is affected. It often happens that a person who frequently hits and kicks other people does so much less frequently when he is involved in a training program for an entirely different behavior.

With this in mind, we have recorded the free-time behaviors of all the patients in Cottage 15. We were watching:

- 1) their social behavior (how often they played or communicated with others, etc.)
- 2) their stereotypic behavior (hand flapping, rocking, etc.)
- 3) their self-injurious behavior (head-banging, etc.)
- 4) their aggressive behavior (biting, kicking, etc.)
- 5) their disruptive or destructive behavior (tantrums, etc.)

Even without directly training any of these behaviors, we hope to see a positive change in them as a result of other programming.

BASELINE

So far, we have recorded all the self-help and social behaviors of the patients in Cottage 15 before training. This baseline information is very important because it facilitates comparisons of patients' various behaviors before and after training. We must know where we started to know how far we've come and how far we have to go.

PRIORITIES

After interviewing and giving questionnaires to the staff of Cottage 15, we were able to draw up a priority list for behavioral skills. They are, in order of importance:

- 1) Toilet training
- 2) Feeding
- 3) Dressing
- 4) Speech
- 5) Hand and Face Washing
- 6) Toothbrushing
- 7) Bathing and showering
- 8) Secondary dressing skills (zipping, buttoning, shoe tying)
- 9) Social-recreational skills
- 10) Pre-vocational training

SPECIALITIES

One of the major objectives of the training cottage project is to find the best method of training each self-help skill. To do this efficiently, each BMS specialized in one or more areas. They researched all the literature on their area of training, then gave a report for the group. Drawing from their reading and own experience, they recommended what they felt is the best procedure for training that skill. The procedure that

was developed for each area of training will be used in Cottage 15. If the methods are shown to be effective, they will provide a standardized approach to training.

TRAINING FEEDBACK

To keep track of each program and where it is being done, we have worked out a feedback system. The BMS supervising the training will report to the editor for publication each Attendant Counselor who has met any of the following conditions during the preceding week:

- 1) has conducted training sessions on five consecutive days
- 2) has graduated a patient one step in training
- 3) has graduated a patient from a training program

REWARDS

In addition, meeting any of these conditions entitles the trainer's name to be placed in a box from which names will be drawn weekly for prizes. These prizes will initially be contributions from local businessmen. The first drawing will be held Friday, March 2 at 2:00 in Spruce Cottage. Everyone is invited to attend.

UNIT RECOGNITION

We are also trying to arrange for rewards (time off from work, plaques, etc.) to the Unit who has either the most training programs being conducted or the most successes in training. Your suggestions on this are welcome.

HOW TO GET STARTED

To get started on a training program, first choose a patient that you would like to work with. Then contact one of these people, depending in which Unit you work. They are, with their area of speciality:

<u>UNIT</u>	<u>BMS</u>	<u>EXT.</u>	<u>SPECIALTY</u>
I - II	George Siverts	277	General
III	Gary DeMille	216	Speech Washing
IV	Patty Hathaway	220	Secondary Dressing
V	Chrys Anderson	212	Toileting Feeding
	Danny Kelley	212	Social-Rec. Pre-vocat.
VI	Ardyce LaFontaine	247	General
VII	Sanford Hostetter	280	Dressing Toothbrush.
	Kathy Byrne	280	Speech Self injury
	Ardyce LaFontaine	247	General

THE TEAM CONCEPT

The recreation, physical therapy, social work, blind and deaf education, school and speech programs offer valuable needed services to the patients. It is already evident in Cottage 15 that when the various disciplines consult together, we can learn much from each other. For example, Jan Hulme and Terry McRea from physical therapy have offered many practical suggestions for dealing with individual physical problems. When everyone who has direct contact with a patient manages him in the prescribed way, he stands a much better chance of improving. The team concept approach generates the cooperation needed for integrated programming.

CONTRIBUTORS TO THE INCENTIVE PROGRAM:

Ammen Drug Store, Boulder
Boulder Monitor, Boulder
Boulder Cash Grocery, Boulder
Gambles, Boulder
Karl's Bowl, Boulder
Marilyn's Drive-in Cafe & Bar, Boulder

